



Town of Arlington Board of Selectmen

Meeting Agenda

April 25, 2016

6:45 PM

Selectmen's Chambers, 2nd Floor, Town Hall

CONSENT AGENDA

1. Minutes of Meetings: March 21, 2016
2. Appointment of New Election Worker: (1) James Walker, 68 Marathon Street, D, Pct. 21
3. For Approval: A-Frame Sign @ Intersection of Mystic Street and Ridge Street, Sunday, May 15 - Sunday, May 22 for Bishop School Bear Fair
Laura Fuller, Bishop School PTO Bear Fair Coordinator
4. Request: One Day All Alcohol License, 5/14/16 @ Robbins Memorial Town Hall for the Waldorf School of Lexington Spring Benefit
Paula Antonovich, Director of Development, Waldorf School of Lexington
5. Request: One Day Beer & Wine License, 5/21/16 @ Robbins Memorial Town Hall for a private party
Shira and Adam Blumenstein

LICENSES & PERMITS

6. For Approval: Cafe Outside Seating Permit Applications
 - a) Barismo Inc, 171 Massachusetts Avenue
 - b) Gail Ann Coffee Shop, 10 Medford Street
 - c) Starbucks, 327 Broadway
7. For Approval: Common Victualler License
JR Foods LLC, d/b/a Commune Kitchen, 203A Broadway
Justin Demers & Richard Niedzwiecki, Co-owners
8. For Approval: Common Victualler and All Alcohol Licenses
Taeksoo Corp., d/b/a Tryst, 689 Massachusetts Avenue
Sang-Ho Kim, Owner
9. For Approval: Wine & Malt License
Mashed LLC, d/b/a OTTO, 202 Massachusetts Avenue
Anthony W. Allen & Michael P. Keon, Co-owners
10. For Approval: Change of Manager-All Alcohol License
Not Your Average Joe's, 645 Massachusetts Avenue
Bruno Ferreira, Manager

TRAFFIC RULES & ORDERS / OTHER BUSINESS

11. Request: One Space, On Street Overnight Parking @ 38 Lombard Terrace
Michele and Pasquale DeTursi
12. Request: One Space, On Street Overnight Parking @ 6 Daniels Street
Kirby Rose Hunter
13. Update: Minuteman Building Project
Daniel J. Dunn, Vice Chair
14. Vote: Authorize Special Election and Debt Exclusion Question to Exclude Debt Related to Thompson Elementary Expansion, Arlington High School Renovation/Rebuild Feasibility Study, Middle School Expansion, and the Minuteman School Building Project
Adam W. Chapdelaine, Town Manager
15. Town Manager's Evaluation
Kevin F. Greeley, Selectman

Next Scheduled Meeting of BoS May 16, 2016

During Town Meeting which commences April 25, 2016 the Board of Selectmen will be in session from 8:00 p.m. until 11:00 p.m.



Town of Arlington, Massachusetts

Minutes of Meetings: March 21, 2016

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	3.21.16_draft_minutes.docx	Draft Minutes 3.21.16

TOWN OF ARLINGTON
BOARD OF SELECTMEN

Meeting Minutes
Monday, March 21, 2016
7:15 PM

Present: Mr. Greeley, Chair, Mrs. Mahon, Vice Chair, Mr. Dunn, Mr. Curro and Mr. Byrne
Also Present: Mr. Chapdelaine, Mr. Heim and Mrs. Krepelka
*Mrs. Mahon arrived late for meeting due to a prior commitment.

FOR APPROVAL

1. Farmers' Market 2016

Patsy Kraemer, Market Manager

Mrs. Kramer stated that the Arlington Farmers' Market requests permission to hold the nineteenth Farmers' Market at the Russell Common Parking Lot, for the 2016 season.

The market is held on Wednesday's 2:00 p.m. to 6:30 p.m. The Market will begin on Wednesday, June 8, 2016 and close on Wednesday, October 26, 2016.

Mr. Dunn moved approval.

SO VOTED (4-0)

CONSENT AGENDA

2. Minutes of Meeting: February 22, 2016

Mr. Dunn moved approval.

SO VOTED (4-0)

3. Request: One Day Beer & Wine License, 4/9/16 @ Arlington Center for the Arts Theatre,
41 Foster Street for Blues Apocalypse 2.0

Carol Band, Arlington Center for the Arts

Mr. Dunn moved approval subject to all conditions as set forth,

SO VOTED (4-0)

APPOINTMENTS

4. Introduction: Newly Appointed Open Space Committee Member

Kelsey Cowen (term to expire 6/30/2019)

Ms. Cowen was approved at the Board of Selectmen's Meeting on March 7th but was unable to be present at that time.

The Board thanked her for her willingness to serve.

SO VOTED (4-0)

LICENSES & PERMITS

5. Request: Common Victualler and Wine & Malt License

Mashed, LLC, d/b/a OTTO, 202 Massachusetts Avenue

Anthony W. Allen & Michael P. Keon, Co-owners

Mr. Byrne moved approval subject to all conditions as set forth.

SO VOTED (4-0)

TRAFFIC RULES & ORDERS / OTHER BUSINESS

6. Arlington Commission on Arts and Culture 2015 Annual Report
Barbara Costa and Stephanie Marlin-Curiel, ACAC Co-Chairs

The mission of Arlington Commission on Arts and Culture is to advocate for arts and cultural opportunities throughout Arlington and advise the Town on matters of cultural and artistic nature. Originally established under Article 21 of Town Meeting in 1993, but not populated at the time, the Commission was reestablished in January of 2013. The Commission meets monthly, on the first Thursday of the month in the Jefferson Cutter Gallery. All meetings are open to the public. The Commission focused a great deal of effort on preparing the Town to apply for Cultural District status from the Mass. Cultural Council. The Commission worked with a summer intern, Will Sullivan, to produce the Town's first inventory of public art. More detailed information on each piece of art, including photos, installation date, expected duration, property owner, artist information, materials, budget and funding sources where applicable, is stored on Google Drive.

The Board thanked Ms. Costa and Ms. Curiel for all their work that they have done for the Town regarding Public Art.

Mr. Byrne moved approval.

SO VOTED (4-0)

7. For Approval: Center Safe Travel Project - Request for Use of Parking Spaces
Adam Chapdelaine, Town Manager

Mr. Chapdelaine requested the area including 6 spaces at the Railroad Lot closest to Uncle Sam Park be used for storage of material and 4 spaces at the northeast corner of the Municipal Lot at Chestnut Street as overnight parking locations for equipment.

Mr. Byrne moved approval.

SO VOTED (4-0)

8. For Approval: Authorization to Draft RFP for Sale of 1207 Mass Ave
Adam Chapdelaine, Town Manager

Mr. Chapdelaine requested that the Board authorize the Town Manager, Town Counsel and the Director of Planning & Community Development to develop an RFP for the sale of the property for presentation to the Board at a future meeting. The only specific requirement is a minimum bid price of \$750,000.

Mr. Dunn moved approval.

SO VOTED (5-0)

9. For Approval: Medical Marijuana Dispensary Community Benefit Agreement
Adam Chapdelaine, Town Manager
Douglas Heim, Town Counsel

Mr. Heim reported that he had been in negotiations with Massachusetts Patient Foundation, Inc. regarding a community benefit agreement for a medicinal marijuana dispensary in Town. He stated the stipulations have been agreed to in principle, but that he was in the process of working out the agreement.

Dr. J. Matthew Schofield, MD. from Arlington Pediatric Families, 5 Water Street spoke against the location to be used as a Registered Marijuana Dispensary. He feels it is too close to a nursery school that is within a 1000' and also should not be located in said building because of the children visiting the pediatric practice. Dr. Schofield was advised to contact Town Counsel Heim at his office to discuss his concerns. The Board moved to endorse the Medical Marijuana Dispensary Community Benefit Agreement.
SO VOTED (5-0)

10. Discussion: Proposition 2.5 Override and Debt Exclusion

Daniel J. Dunn, Selectman

The Board voted to authorize debt exclusion conversations to occur at future Long Range Planning Committee meetings. In a meeting of the Budget & Revenue Task Force, Supt. Bodie and other members of the task force discussed potential costs for each school building project. Mr. Byrne made a motion for the Long Range Planning Committee to develop plans for a Debt Exclusion ballot question.
SO VOTED (5-0)

11. Rehearing of Warrant Article 24: Bylaw Amendment/Camping on Public Property

Douglas W. Heim, Town Counsel

The Arlington Human Rights Commission, among many others, believes that more information regarding the extent and nature of the challenges facing the homeless should be cultivated prior to the adoption of any Town Bylaw establishing a broad prohibition on camping. The Arlington Human Rights Commission provided recommendations to the Selectmen in a memo from Christine Carney that outlined the group's concerns regarding the impact on the homeless population. Town Counsel Heim recommended the Selectmen create a task force to further study the challenges Arlington's homeless population face. The task force will be consist of members from the Police Department, Health and Human Services Department, Planning Department, Recreation Department, two residents to be appointed by the Town Moderator and two residents appointed by the Town Manager. At least two of these residents should be from the precinct most closely in contact with the area around Thorndike Field. Said task force will work with the Human Rights Commission to examine the pertinent issues facing the homeless. The Board recommends a vote of no action with the understanding that we will establish a Task Force to investigate and report on the resources available to assist the homeless and report back by next year's Town Meeting.

Mrs. Mahon moved no action.
SO VOTED (5-0)

Mr. Curro moved to establish new Task Force with Chairman to be named by Town Manager.
SO VOTED (5-0)

WARRANT ARTICLE HEARINGS

Articles for Review:

Article 22: Bylaw Amendment/Tree Preservation Bylaw

The Tree Committee previously sought the Selectmen's position on developing a bylaw to

curtail the unnecessary removal of trees on private property during development or expansion projects. The proposed bylaw has been adopted by other municipalities throughout the Commonwealth, including Lexington, Cambridge, Newton and Wellesley.

Under the new bylaw, developers would be required to submit a tree plan that accounts for each sized tree to be removed. The trees will either be designated as maintained or removed and mitigated. In order to mitigate the impact of cutting down trees during construction, developers would either have to plant the required number of new trees or pay fees into the Arlington Tree Fund.

The Board asked Ms. Stamps and the committee to speak with developers to assess the additional cost and impact on the community and come back at a later date. Developers would be fined for violating this process. Mrs. Mahon challenged Ms. Stamps on the assumption that it wouldn't affect development timeline. Mrs. Mahon feels this bylaw would create additional work for the town's tree warden. Mr. Greeley also stated he would like to hear from a developer or a homeowner going through this process first before he makes his decision.

Mrs. Mahon moved to table until Ms. Stamps has the information that the Board requested.

SO VOTED (5-0)

Article 30: Transfer of Town Property/1 Gilboa Road

Mr. Greeley, Mr. Curro and Mr. Byrne do not believe that the proposed transfer of the property to the Arlington Housing Authority is the best vehicle by which we can achieve either of those goals, especially given the substantial opposition of Mt. Gilboa neighborhood residents.

1 Mt. Gilboa Road parcel itself is part of Mt. Gilboa and is protected by Conservation Land. In order to shift ownership of this property, the conservation restriction would have to be lifted.

Mr. Byrne recommended that no action be taken.

SO VOTED (3-0-2)

Mr. Dunn recused himself and Mrs. Mahon abstained.

Article 33: Revolving Funds

Mrs. Mahon moved to table until April 4th meeting.

SO VOTED (5-0)

Article 59: Resolution/Handicap Parking Spaces

The Board unanimously supports this resolution.

Mrs. Mahon moved favorable action.

SO VOTED (5-0)

FINAL VOTES & COMMENTS

Articles for Review:

Article 21: Bylaw Amendment/Arlington Commission on Arts and Culture Membership

Article 23: Bylaw Amendment/Electronic Distribution of Notices and Materials

Article 60: Resolution/Return of Precinct 17 to Highland Fire Station

Mr. Byrne moved approval.

SO VOTED (5-0)

CORRESPONDENCE RECEIVED

Request 'No Parking Here to Corner' Sign at Intersection of Massachusetts Avenue and Willow Court

Taylor Fitzpatrick, Willow Court

Mr. Dunn asked that Mr. Fitzpatrick's letter be sent to Safety Officer Corey Rateau for review and recommendations. SO VOTED (5-0)

FY2016 CDBG Allocation

Harriet Tregoning, US Department of Housing and Urban Development

Minuteman Regional School Committee Vote re: Section 16(d) of Chapter 71

David C. Horton, Secretary, Minuteman District School Committee

Mr. Curro moved receipt of Correspondence Received. SO VOTED (5-0)

NEW BUSINESS

Mr. Greeley thanked Mary Ann Sullivan, Eve Margolis, Town Counsel Heim and Steven Byrne for working with him on the Board of Selectmen Handbook. The handbook is to serve as a resource for the Board of Selectmen, other officials and agencies of the Town of Arlington. The Board thanked Mr. Greeley and his Committee for producing an updated Handbook.

Mr. Greeley also asked the Board to review the Town Manager's Evaluation Process and send said evaluations to Mrs. Malloy, Director of Human Resources.

Mr. Greeley, Mr. Curro and Town Manager Chapdelaine participated Sunday in the Annual Trivia Bee Fundraiser at Town Hall. Although they were not winners, Mr. Greeley stated they had a great time.

Mrs. Mahon stated the Arlington Boys Basketball team lost the North Quarterfinals to Malden Catholic. Under Coach John Bowler the basketball team was 19-5. The Paul J. Leone Sportsmanship Award was given to Senior Clark Uwen.

EXECUTIVE SESSION

To review and approve executive session minutes for February 4, 2016, and February 10, 2016 meetings of the Board of Selectmen, and to release such prior executive session minutes pursuant to M.G.L. c.30A, Section 22(f) as appropriate.

Mrs. Mahon moved to convene in Executive Session at 10:55 p.m. for the release of prior Executive Session Minutes pursuant to M.B.L. c30A, Section 22(f) as appropriate

The Board will come out of Executive Session only to take a public vote on said minutes.

Roll Call:

On Mrs. Mahon's motion:

Mr. Dunn	yes
Mr. Curro	yes
Mr. Greeley	yes
Mrs. Mahon	yes
Mr. Byrne	yes

Mr. Curro moved to release the February 4th and February 10th Minutes.

Mr. Byrne moved approval seconded by Mr. Dunn SO VOTED (5-0)

Mrs. Mahon made motion to adjourn executive session. SO VOTED (5-0)

Roll Call: On Mrs. Mahon's motion:

Mr. Dunn	yes
Mr. Curro	yes
Mr. Greeley	yes
Mrs. Mahon	yes
Mr. Byrne	yes

Mr. Byrne moved to return to open session at 11:05 p.m. in the Selectmen's Chambers.

SO VOTED (5-0)

Mrs. Mahon moved to adjourn at 11:06 p.m.

SO VOTED (5-0)

A true record: Attest

Marie A. Krepelka
Board Administrator

Next Scheduled Meeting of BoS April 4, 2016.

3/21/16

Agenda Item	Documents Used
1.	Request from Farmers' Market Manager
2.	Draft Meeting Minutes 2-2216
3.	One Day Beer & Wine License at Arlington Center for the Arts Theatre
4.	Cowen meeting notice, Resume for Open Space Committee Member
5.	CV/B&W Applications & Inspection Reports for Otto

6.	Arlington Commission on Arts and Culture 2015 Annual Report
7.	Center Safe Travel Project – Request for Use of Parking Spaces
8.	Memorandum to Board - Authorization to draft RFP for sale of 1207 Mass Ave
9.	Medical Marijuana Dispensary Community Benefit Agreement
10.	Proposition 2.5 Override and Debt Exclusion
11.	Rehearing of Warrant Article 24: Bylaw Amendment/Camping on Public Property Comments from M. Goldsipe and Christine Carney, AHRC
Final Votes	Articles for Review D.H Final Votes & Comments W.A #21, #60
Corr. Recv'd	Request 'No Parking Here to Corner' Sign at Intersection of Mass. Ave and Willow from Mr. Fitzpatrick
	Harriet Tregoning, US Department of Housing and Urban Development Letter from HUD
	Minuteman Regional School Committee Vote re: Section 16(d) of Chapter 71 Letter from David Horton, Minuteman School Committee



Town of Arlington, Massachusetts

Appointment of New Election Worker: (1) James Walker, 68 Marathon Street, D, Pct. 21

ATTACHMENTS:

Type	File Name	Description
<input type="checkbox"/> Reference Material	Walker_Master_Record.pdf	Master Record

ELECTION WORKER'S MASTER RECORD

Date: 4/19/16

Check One: ☒ New Employee
☐ Change to Existing Employee

Vendor # _____

Position INSPECTOR

Name: JAMES WALKER

Democrat ☒ ☐

Address: 68 MARATHON STREET

Republican _____

PELINGTON MA

Unenrolled _____

Zip Code: 02474

Precinct 81

Alpha/Last Name: _____

Phone # (617) 799-4211

Position Codes: 10 - Warden
20 - Deputy Warden
30 - Inspector
40 - Deputy Inspector
50 - Clerk

60 - Deputy Clerk
70 - Teller
80 - Substitute
90 - Custodian



Town of Arlington, Massachusetts

For Approval: A-Frame Sign @ Intersection of Mystic Street and Ridge Street, Sunday, May 15 - Sunday, May 22 for Bishop School Bear Fair

Summary:

Laura Fuller, Bishop School PTO Bear Fair Coordinator

ATTACHMENTS:

Type	File Name	Description
<input type="checkbox"/> Reference Material	AFrame_Request_to_Selectmen_041916_(1).pdf	Letter from Bishop School PTO

Bishop School PTO

Bishop Elementary School
25 Columbia Road
Arlington, MA 02474
laura.fuller3@gmail.com

April 19, 2016

Town of Arlington - Board of Selectmen

Kevin Greeley, Chair
Diane Mahon, Vice Chair
Steven Byrne
Joseph Curro, Jr.
Daniel Dunn

To the Town of Arlington Board of Selectmen,

The Bishop Elementary School PTO is currently planning our 42nd Annual Bishop Bear Fair, to be held on Saturday, May 21st from 10am to 3pm on the Bishop School Playground and Fields (rain date will be Sunday, May 22nd). The Bear Fair is a fun-filled family event for the Bishop School and greater Arlington community. It is also the largest fundraiser for the Bishop School PTO, contributing nearly half of our annual fundraising budget.

I am writing today to request permission to post an A-frame board advertising this great annual event. We would like to put the 2-sided board on the island on Mystic Street at the intersection of Ridge Street, from Sunday, May 15 through Sunday, May 22.

I appreciate your consideration and would be happy to answer any questions you may have.

Thank you,

Laura Fuller

*Bishop School PTO
Bear Fair Coordinator
laura.fuller3@gmail.com
(617) 501-6505*



Town of Arlington, Massachusetts

Request: One Day All Alcohol License, 5/14/16 @ Robbins Memorial Town Hall for the Waldorf School of Lexington Spring Benefit

Summary:

Paula Antonovich, Director of Development, Waldorf School of Lexington

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Waldorf_School_One_Day.pdf	One Day Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Paula Antonovich

Address, phone & e-mail contact information:

Waldorf School of Lexington, 739 Mass. Ave., Lexington, Ma. 02421

Name & address of Organization for which license is sought:

as above

Does this Organization hold nonprofit status under the IRS Code? ☒ Yes ☐ No

Name of Responsible Manager of Organization (if different from above):

Address, phone & e-mail contact information: _____

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☐ No ☐ Yes If so, please give date(s) of Special Licenses and/or applications and title of event(s).

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

Yes - May 2015 - Arlington Town Hall

24-Hour contact number for Responsible Manager on Event date:

Paula Antonovich , 781-863-1062

Title of Event:

Spring Benefit

Date/time of Event:

Saturday, May 14, 2016, 6:30 - 11:00

Location of Event:

Arlington Town Hall

Location/Event Coordinator:

Patsy Kraemer/Vicki Rose

Method(s) of invitation/publicity for Event:

Mailed invitation/school publicity

Number of people expected to attend:

170+

Expected admission/ticket prices:

\$85 per ticket

Expected prices for food and beverages (alcoholic and non-alcoholic):

\$8 beer/wine, \$10 mixed drink

Will persons under age 21 be on premises?

NO

If "yes," please detail plan to prevent access of minors to alcoholic beverages.

Have you consulted with the Department of Police Services about your security plan for the Event?

yes

—

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Date_____

Printed name/title

POLICE COMMENTS:

Printed name/title

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer/wine/cocktails _____

What types of food and non-alcoholic beverages do you plan to serve at the Event?

savory tapas, sweets, juices, waters _____

Who will be responsible for serving alcoholic beverages at the Event?

Seasons to Taste Catering _____

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS CERTIFICATION _____

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

see attached _____

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc:

Atlas Liquors, Medford _____

Date of Delivery: Sat. 5/14/2016 _____

Alcohol Serving Time (s): 6:30 pm - 10:30 pm _____

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

Atlas will pick up excess alcohol _____

Date of Pick-Up: Mon. May 16, 2016 _____

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.)

Please submit this completed form and filing fee to the Board of Selectmen
at least 21 days before your Event. Failure to provide complete
information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: Paula Antonovich

Printed title & Organization name: Director of Development, Waldorf School of Lexington

Email: p.antonevich@thewaldorfschool.org

revised: 5/18/2015

reformatted: 2/25/2016



ROBBINS MEMORIAL TOWN HALL AUDITORIUM

730 Massachusetts Avenue, Arlington, Ma. 02476

13 April 2016

SECURITY PLAN FOR WALDORF SCHOOL FUNDRAISER/AUCTION

A fundraiser and auction for the Waldorf School of Lexington, Ma. will be held on Saturday, May 14, 2016 in the auditorium at Arlington Town Hall. The event is scheduled for 6:30 pm to 11:00 pm.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

Tickets will be sold for the event. We anticipate approximately 175 people to attend. Only adults who have purchased tickets for the fundraiser will attend this event.

Patsy Kraemer will be the event coordinator for the event. The caterer Seasons to Taste will provide bartender service. Greg Stathopoulos will be the custodian for the event. A committee of 12 staff and parent members will be responsible for ensuring that the event runs smoothly.

A police detail will be hired for the event (if required) and a fire services detail will be hired for the event. These officers will be available to help with any emergency situations that may arise.

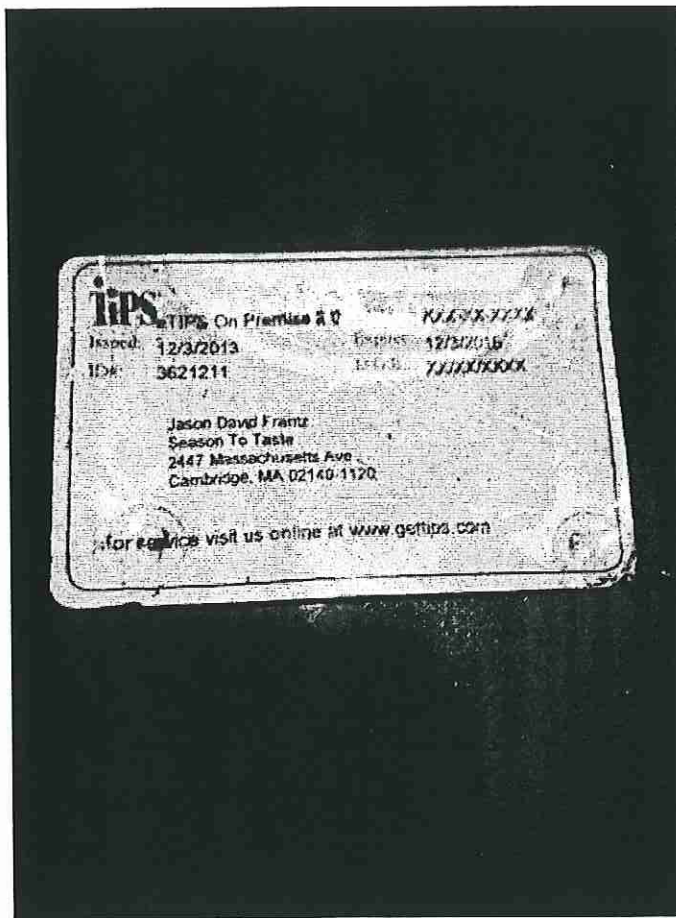
Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

Please advise if there are other items that we need to consider.

From: brittany lajoie <brittany@seasontotastecatering.com>
To: Patsy Kraemer <PKraemer@town.arlington.ma.us>
Date: 04/19/2016 02:12 PM
Subject: TIPS cards

Lead Bartender: Jason Frantz, DOB: 10/16/1987

Other Bartenders: Dustin Lajoie, DOB 7/28/1991
Dustin Dibona 10/3/1982



pat

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Brittany Lajoie
Catering Director
O. 617-826-9037
C. 802-353-7324
Season to Taste Catering
Mix n Match Drop Off Menu
The Table: Our Restaurant
Best Wedding Caterer Improper Bostonian 2011
Best of Boston 2010 and 2014 Boston Magazine



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/20/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER T. Edmund Garrity & Co., Inc. 545 Concord Ave. Cambridge MA 02138		CONTACT NAME: Kathleen McCurdy PHONE (A/C No. Ext): (617) 354-4640 FAX (A/C No): (617) 354-5828 E-MAIL ADDRESS: kathy@garrity-insurance.com																						
INSURED Season To Taste Catering LLC 2447 Massachusetts Ave Cambridge MA 02140		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Charter Oak fire Ins Co</td><td>25615</td></tr><tr><td>INSURER B:</td><td>Travelers Casualty Ins Co</td><td>19046</td></tr><tr><td>INSURER C:</td><td>Travelers Indemnity Co</td><td>25658</td></tr><tr><td>INSURER D:</td><td>Travelers Indemnity Co CT</td><td>25682</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Charter Oak fire Ins Co	25615	INSURER B:	Travelers Casualty Ins Co	19046	INSURER C:	Travelers Indemnity Co	25658	INSURER D:	Travelers Indemnity Co CT	25682	INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER: Master COI 2015

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			6809B767372	6/18/2015	6/18/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ 5,000				
	<input checked="" type="checkbox"/> Liquor Liability		PERSONAL & ADV INJURY \$ 1,000,000				
	1,000,000					GENERAL AGGREGATE \$ 2,000,000	
	GENL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
B	AUTOMOBILE LIABILITY			BA3C916422	9/27/2015	9/27/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$				
						Medical payments \$ 5,000	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		CUP0C405561	6/18/2015	6/18/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ 1,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 5,000		\$				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB9B769236	6/18/2015	6/18/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> Y	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

LLC member, Robert Harris, is excluded from WC coverage.

Town of Arlington is listed as additional insured for general liability and liquor liability if so required by written contract as it relates to named insured's operations.

CERTIFICATE HOLDER**CANCELLATION**

Town of Arlington	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE W Garrity/MONKSA



Town of Arlington, Massachusetts

Request: One Day Beer & Wine License, 5/21/16 @ Robbins Memorial Town Hall for a private party

Summary:

Shira and Adam Blumenstein

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Blumenstein_One_Day.pdf	One Day Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Shira and Adam Blumenstein

Address, phone & e-mail contact information:

36 Standish Rd., Needham, Ma. 02492 shirab36@gmail.com

Name & address of Organization for which license is sought:

private

Does this Organization hold nonprofit status under the IRS Code? ☐ Yes ☒ No

Name of Responsible Manager of Organization (if different from above):

Address, phone & e-mail contact information:

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☐ No ☐ If so, please give date(s) of Special Licenses and/or applications and title of event(s).

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

NO

24-Hour contact number for Responsible Manager on Event date:

Shira Blumenstein 781-400-5413

Title of Event:

Bar Mitzvah

Date/time of Event:

Saturday, May 21, 2016, 12 noon - 5:00 pm

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer/Vicki Rose

Method(s) of invitation/publicity for Event:

invitation

Number of people expected to attend: 100-110

Expected admission/ticket prices: n/A

Expected prices for food and beverages (alcoholic and non-alcoholic):

N/A

Will persons under age 21 be on premises? yes

If "yes," please detail plan to prevent access of minors to alcoholic beverages.

Bartenders will check for ID's

Have you consulted with the Department of Police Services about your security plan for the Event?

YES

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Date _____

Printed name/title

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer/wine

What types of food and non-alcoholic beverages do you plan to serve at the Event?

Full dinner and juices/waters

Who will be responsible for serving alcoholic beverages at the Event?

Forklift Catering Service

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS CERTIFICATION

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

Jeffrey Wiles 3/27/1988

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc.)

Date of Delivery: Sat. 5/21/16

Alcohol Serving Time (s): 1:00 pm - 6:00 pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

Alcohol supplier will pick up

ATLAS

Date of Pick-Up: Mon.

5/23/16

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.)

ATTACHED

Please submit this completed form and filing fee to the Board of Selectmen at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: Shira Blumenstein

Printed title & Organization name: _____

Email: shirab36@gmail.com

revised: 5/18/2015 reformatted: 2/25/2016



ROBBINS MEMORIAL TOWN HALL AUDITORIUM
730 Massachusetts Avenue, Arlington, Ma. 02476

21 April 2016

SECURITY PLAN FOR BLUMENSTEIN BAR MITZVAH

A Bar Mitzvah sponsored by Adam and Shira Blumenstein will be held on Saturday, May 21, 2016, in the auditorium at Arlington Town Hall. The event is scheduled for 1:00 pm to 6:00 pm.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 110 guests to attend. We anticipate some attendees will be under age. Therefore the bartending service will ID attendees.

Patsy Kraemer will be the event coordinator for the event. Greg Stathopoulos will be the custodian for the event. Forklift Catering will be catering the event and will provide the TIPS certified bartending staff. The Blumenstein family is responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event. This officer will be available to help with any emergency situations that may arise.

Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

Please advise if there are other items that we need to consider.

Typical eTIPS Card

The eTIPS card is a small, credit-card sized card that is used to track the status of a TIPS claim. It is issued to the claimant and contains the following information:

- Claimant's name
- Claim number
- Claim date
- Claim status
- Claim amount
- Claim description
- Claimant's contact information

For more information, visit us online at www.gettips.com

Typical eTIPS card is a small, credit-card sized card that is used to track the status of a TIPS claim. It is issued to the claimant and contains the following information:

- Claimant's name
- Claim number
- Claim date
- Claim status
- Claim amount
- Claim description
- Claimant's contact information

eTIPS On Premise 2.0		XXX-XX-XXXX
Issued	8/12/2015	8/12/2018
Expires	4056559	XX/XX/XXXX
Lance P Jones Forklift Catering 5 Sanborn Ct Somerville, MA 02143-3004		
For service visit us online at www.gettips.com		

ACORD™

Client#: 27279

FORCA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/20/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sullivan Insurance Group, Inc. 1 Mercantile Street Suite 710 Worcester, MA 01608		CONTACT NAME: Kristie PHONE (A/C, No, Ext): 508 791-2241 FAX (A/C, No): 5087973689 E-MAIL ADDRESS: kdoyle@sullivangroup.com	
INSURED Forklift Catering, LLC 59 Union Sq. #204 Somerville, MA 02143		INSURER(S) AFFORDING COVERAGE INSURER A: Hanover Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		ZBNA401482	08/18/2015	08/18/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		AWNA401285	08/17/2015	08/17/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	X		ZBNA401482	08/18/2015	08/18/2016	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WHNA401286	08/18/2015	08/18/2016	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Liquor Liability	X		ZBNA401482	08/18/2015	08/18/2016	\$1,000,000 \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is included as Additional Insured with written contract.

CERTIFICATE HOLDER

CANCELLATION

Arlington Town Hall
 730 Massachusetts Avenue
 Arlington, MA 02476

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gehan T. Andreoli

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Town of Arlington, Massachusetts

For Approval: Cafe Outside Seating Permit Applications

Summary:

- a) Barismo Inc, 171 Massachusetts Avenue
- b) Gail Ann Coffee Shop, 10 Medford Street
- c) Starbucks, 327 Broadway

ATTACHMENTS:

Type	File Name	Description
□	Reference Material Ref_Mat_4.25.16_Sidewalk_Cafe_Permits.pdf	cafe outside seating applications

**SIDEWALK CAFÉ PERMIT
INSPECTIONS SUMMARY REPORT-2016 ANNUAL RENEWALS**

Barismo
Gail Ann
Starbucks

The following Departments have **no objections** to the issuance of said license:

- BOH X
- Building X
- Planning X
- ADA Compliance X

The following Departments have **objections** to the issuance of said license:
(see attached comments)

- BOH
- Building
- Planning
- ADA Compliance

**NOTE: ALL APPROVALS WILL BE SUBJECT TO CONDITIONS SET FORTH-
SUCH AS DEPARTMENT CONDITIONS, CERTIFICATE OF INSURANCE ETC**

PERMIT APPLICATION REPORT

Type of License: Café Outside Furniture Permit

Name of Applicant: Barismo

Address: 171 Massachusetts Avenue

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- Board of Health ☒
- Building ☒
- Planning ☒
- ADA Compliance ☒

PLEASE NOTE: ALL APPROVALS WILL BE SUBJECT TO CONDITIONS SET FORTH (SUCH AS DEPARTMENT CONDITIONS, CERTIFICATE OF INSURANCE ETC.)

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, **March 31, 2016**
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 171 Mass. Ave
Applicant's Name: Hong Xue
D/B/A: Barismo
Telephone: 339-368-7300
Department: Sent Interoffice Mail & E-mail Original Approval Date : 7/22/16

MEETING DATE: April 4, 2016

Departments:

RE:OUTSIDE FURNITURE PERMIT

Board of Health

Building

Planning

ADA Compliance

Comments by each Division or Department:

Inspectional Services has no objections to this or any other outdoor furniture permit the BoS wishes to grant. The applicant will need to present plans to this department for building code review prior to furniture being approved or placed. At that time, we can over particulars such as aisle width, distance between chairs/tables and how the new occupant load may affect the establishments bathroom requirements, among other possible issues.

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____

Date: _____



TOWN OF ARLINGTON
MASSACHUSETTS 02476
781 - 316 - 3090
DEPARTMENT OF PLANNING &
COMMUNITY DEVELOPMENT

To: Arlington Board of Selectmen, c/o Mary Ann Sullivan
From: Ted Fields, Dept. of Planning & Community Development
Date: March 29th, 2016
Re: Sidewalk Cafe License Renewals, 2016

Per your request on March 25th, 2016 (updated on March 28th), the Planning Department has reviewed annual renewal applications for the following Sidewalk Cafe licenses approved by the Arlington Board of Selectmen in 2015:

Barismo - 171 Massachusetts Avenue

The existing approved outdoor seating areas of this coffee bar consists of two (2) benches against the storefront and a larger satellite space with three (3) tables by the Massachusetts Avenue curb line. The two are separated by an acceptable five (5) foot pedestrian travel corridor, and the curbside area is sufficiently buffered by planters, as recommended in the sidewalk cafe regulations. The applicant demonstrates acceptable coverage of \$1,000,000 in general liability insurance. This permit should be renewed for 2016.



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

To: Board of Selectmen
From: Natasha Waden, Health Compliance Officer
Date: March 31, 2016
RE: Café Outdoor Seating Permit Renewals

Please accept the following as comments from the Office of the Board of Health regarding Permit Renewals for Café Outdoor Seating at Barismo, Common Ground, Ristorante Olivio, and The Madrona Tree:

- The Establishment must prohibit smoking in the outdoor seating area by conspicuously posting a notice or sign which states "No Smoking" or the by using a sign with the international "No Smoking" symbol in the outdoor area.
- The owner or designated Person in Charge is responsible for maintaining the outdoor seating area Smoke Free.
- Any person in charge of a public place or workplace who fails to comply with the regulations is subject to a fine of two hundred dollars (\$200.00) for each day of the violation.
- The Establishment is responsible for maintaining the outdoor seating in a clean and sanitary manner, free from garbage and trash or other refuse that would constitute a public health nuisance.

COMMISSION ON DISABILITY, TOWN OF ARLINGTON

20 ACADEMY STREET, SUITE 203, ARLINGTON, MASSACHUSETTS 02476-6436 (781) 316-3431



MEMO TO: Board of Selectmen
Adam Chadelaine, Town Manager

FROM: Jack Jones, Director of Housing & Disability Programs

A handwritten signature in blue ink, appearing to be "J. Jones".

DATE: March 31, 2016

RE: Outside Furniture Permit

It appears from the attached diagram and a completed survey of the sidewalk in front of **Barismo, 171 Mass. Ave.** that all conditions pertaining to accessibility of sidewalk dining will be in compliance with federal and state regulations.

In order to be in compliance with regards to sidewalk dining the absolute minimum clear path of travel along the sidewalk must be at least 36" according to the Massachusetts Architectural Access Board and the Americans with Disabilities Act Architectural Guidelines. The Arlington Commission on Disability however requests the consideration of the Board of Selectmen to require a minimum of 48" of clear unobstructed sidewalk between the exterior wall of the restaurant and the nearest obstruction to the path of travel. Possible obstructions that could affect compliance that will need to be watched are tables, chairs, other furniture, trees, trash receptacles, fire hydrants, planters, sandwich boards, etc. In addition a portion (5%), but not less than one, of available seating must be wheelchair accessible, with an accessible route of at least 36" between tables. The Disability Commission strongly recommends to the Board of Selectmen that a compliance monitoring process be developed in addition to employee training for all restaurant employees to ensure that accessibility is maintained after the permitting process.

Sidewalk Café Permit Application - Town of Arlington, MA

This is an application to the Board of Selectmen of the Town of Arlington Massachusetts, for a permit to place and maintain a Sidewalk Café (an outside seating area for licensed restaurants) on the public right of way in Arlington, Massachusetts described below:

(PLEASE TYPE OR PRINT)

Business Name: <u>barismo inc</u>	Length of Storefront (ft): <u>25 30 ft</u>
Business Address/Location: <u>171 MASS AVE Arlington, MA 02474</u>	Width of Sidewalk along Storefront (ft); *1: <u>15 ft</u>
Phone Number/Email: <u>617 852 4342</u>	Length of Proposed Sidewalk Café (ft): <u>25 30 ft</u>
Business Representative's Name: <u>Hong Xue</u>	Width of Proposed Sidewalk Café (ft); *2: <u>10 ft</u>
Name & Address of Building Owner: <u>Tom Vakafotis</u>	

*1: Measure from front Building Wall to inside of sidewalk granite curb edge.

*2: Measure from front Building Wall to outside of Sidewalk Café surrounding border fencing/barrier.

Application Submittal Requirements:

- 1.) Fee: An annual permit fee of **\$50.00** payable to the Town of Arlington filed with the Selectmen's Office. The Board may prorate its fee for applicants in their initial term to reflect the number of months the permit sought will be held.
- 2.) Site Plan: Furnish a **Site Plan** (scale diagram) showing the location of tables, chairs, umbrellas, trash receptacles, heaters, barricades, as well as a **picture or photograph of the proposed furniture** in compliance with the following requirements:
- No person or entity shall cause to be placed within the public ways any furniture without applying for a permit and receiving approval from the Board of Selectmen of the Town. This permit shall be considered separate and distinct from others issued by the Town, including those for common victuallers.
 - Ordinarily, the location of the sidewalk café must be directly in front of the business operating the café, and may not extend beyond the side property lines. It shall be sited as close to the building façade as practicable and in no event to exceed twelve (12) feet from the food service door of the establishment.
 - Under limited circumstances, sidewalk café areas may be approved adjacent to a storefront, grouped at a distance from the storefronts, or allowed in both positions if a scaled plan showing dimensions clearly establishes:

- a) The requested location(s) create the least obstruction for pedestrian access to storefronts, crosswalks and pedestrian circulation, and/or
 - b) the location does not extend substantially beyond the side edges of the business (allowing for up to 10 feet of latitude where landscaping, public facilities, utility poles or adjacent seating areas obstruct the front of the business premises), and/or
 - c) no more than 256 square feet of the public way would be cordoned off for establishments serving liquor unless the Board determines from the scaled site plan (with dimensions shown) and photos that additional square footage for outdoor seating would not leave less than 36" to the nearest barrier, would not impede circulation, and would not preclude other allowed desirable uses for the public space, and
 - d) in every case, the additional seating does not violate zoning, building, or other code as determined by the Director of Inspectional Services.
- Further, Tables, chairs, benches, food equipment shall be located so that they do not impede, endanger or interfere with pedestrian traffic, with a minimum width of three (3) feet and a recommended width of four (4) feet of unobstructed passage for pedestrian traffic.
 - In addition, no sidewalk café furniture shall be affixed, erected, installed, placed, used or maintained **within five (5) feet** of any marked or unmarked crosswalk or handicapped ramp; or within five (5) feet of any fire hydrant, fire lane, call box, or bus stop.
 - Unlicensed furniture within the public ways of the Town will be subject to removal with the cost thereof to be borne entirely by the owner. In addition, fines may be imposed by the Board of Selectmen not to exceed \$100 for removal, storage or destruction.
 - No fixtures or devices on which food or beverages are sold or consumed shall be attached to the sidewalk or other public area. The property owner is responsible for the restoration of the sidewalk or public-right-of-way if any damage is caused by the sidewalk café. Physical barriers bordering/framing a sidewalk café may not exceed four (4) feet in height.
 - Lighting for sidewalk cafes is subject to approval during the permitting process. Tabletop lighting may include candles and battery-operated fixtures.
 - Well-designed physical barricades surrounding/framing sidewalk cafés are **strongly encouraged**.

3.) Insurance: The applicant restaurant-owner shall furnish a **certificate of insurance** providing commercial insurance coverage for bodily injury, death, disability, and property damage liability in the following amounts:

- **At least \$1,000,000 per occurrence and \$3,000,000 annual aggregate for any restaurant serving alcohol as part of its use of sidewalk café space; or**

- At least \$300,000 per occurrence and \$900,000 annual aggregate for restaurants which are either not licensed to serve alcohol or restaurants which attest that they will not serve alcohol as part of their use of sidewalk café space.

The Town of Arlington shall be named as an additional insured on a primary, noncontributory basis for any liability arising directly or indirectly from the operation of a sidewalk café. In the event the insurance is cancelled, the permit holder has 24 hours to reinstate the insurance or the permit shall be revoked. The permit holder shall immediately inform the Selectmen's Office if insurance under this provision is revoked and shall not operate the sidewalk café until insurance is restated in accordance with this requirement. An insurance certificate naming the Town as an additional insured must be provided to the Office of the Board of Selectmen before any Sidewalk Café/Outdoor Seating Area will be issued.

4.) Indemnification and Acknowledgement of Rights: The applicant restaurant-owner shall also furnish a signed agreement to indemnify the Town of Arlington for its use of public property as a sidewalk café/outdoor seating from any and all claims that may be brought against the Town in connection with such use. Such a signed agreement shall also acknowledge the Town's rights with respect to its property and the limitations of the permit (attached hereto).

5.) Compliance Requirements: By signing this application, the Applicant agrees to accept and comply with the following requirements:

- All services provided to sidewalk café customer and customer activity must occur within the designated sidewalk café area.
- Permit holder is responsible for proper supervision of the sidewalk café in order to ensure the requirements of this section are met.
- Permit holders must ensure that the requirements for operation are met. These include:
 - Patrons must wear shoes and shirts at all times.
 - All sidewalk cafes must maintain at least one opening for ingress and egress at all times. All sidewalk cafes shall abide by all requirements of the currently adopted International Building Code and the American's with Disabilities Act.
 - To the extent applicable, sidewalk cafes must adhere to all regulations pertaining to food and beverage enforced by the Board of Health and Board of Selectmen.
 - All areas within and surrounding a sidewalk café must be maintained in a clean, neat, and sanitary condition.
 - All permit holders shall be required to abide by all federal, state, and local laws.
 - Outdoor alcohol service (and food service when alcohol is served outdoors) shall conclude at or before 10:00 p.m. Sunday through Thursday, and at or before 11:00 p.m. Friday and Saturday.

6.) Other Regulations: By receiving a sidewalk café/outdoor seating permit, restaurants are not exempted from other federal, state, and local laws and regulations. Among other regulations, permit holders must comply with local zoning and state building code requirements and Board of Selectmen alcohol service regulations. Applicants are strongly advised to ensure their plans comply with zoning and state building requirements by contacting Inspectional Services.

7.) Revocation: The sidewalk café permit may be revoked for failure to maintain the standards required for the initial permit. A notice of intent to revoke a sidewalk café permit shall be given in writing 10-days prior to actual revocation and shall specify the area or areas of failure to meet requirements and maintain conditions the Town may have imposed. If, during that period, proof of compliance is made to the satisfaction of designated Town Inspectors by the holder of the permit, the permit shall be continued in force.

- Applicant certifies that all current property taxes due on its licensed premises are paid if property is owned by the Applicant.
- Applicant agrees to permit the Town to periodically verify the accuracy of information contained in this Application and agrees to provide information requested to verify the accuracy of the information and the Certifications contained in this Application.

8.) Term & Non-Transferability: Each Sidewalk Café Permit is valid for one calendar year from the January 1st through December 31st and is non-transferable.

I have read and fully understand the above rules and regulations applying to the approval of this permit.

Dated 2/26, 2016

By: _____

(Signature)

(Print Name & Address) _____

Hongxue 51 Cleveland St. Arlington, MA 02474

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON

SIDEWALK CAFÉ INDEMNIFICATION AGREEMENT & ACKNOWLEDGEMENT

On behalf of the business applying for a Sidewalk Café (Outdoor Seating) license from the Town of Arlington Board of Selectmen, I, as a duly authorized agent of barismo inc, a licensed restaurant operating within the Town of Arlington, acknowledge that I seek permission to use a portion of the public sidewalk in front of (or where permitted, adjacent to) the business premises to operate a sidewalk café/outdoor seating area. I understand that a Sidewalk Café permit does not give my business any right, title, or interest in any part of the sidewalk space approved for use.

Furthermore, I, as a duly authorized agent of barismo inc, agree to hold harmless the Town of Arlington, its officers and employees, for any loss or damage arising from the use of the public sidewalk or the discontinuance of use resulting from an order, demand, or notice of any governmental agency with jurisdiction.

I understand that Board of Selectmen and/or any government agency with jurisdiction may revoke my permit to use public sidewalk space at any time for any reason whatsoever. The permit can be revoked for failure to comply with any terms and conditions of the permit or any agreements between my business and the Town of Arlington or for violation of any of the rules and regulations enforced by Board of Selectmen, the Department of Inspectional Services, the Police Department, or the Board of Health. I understand there will be no refund of any fees or compensation paid to the Town of Arlington.

I further agree to promptly remove any property placed on the sidewalk space or reimburse the Town of Arlington for the cost of moving my business' property upon receipt of any written notice, demand, or order to vacate the sidewalk space from a governmental agency with jurisdiction.

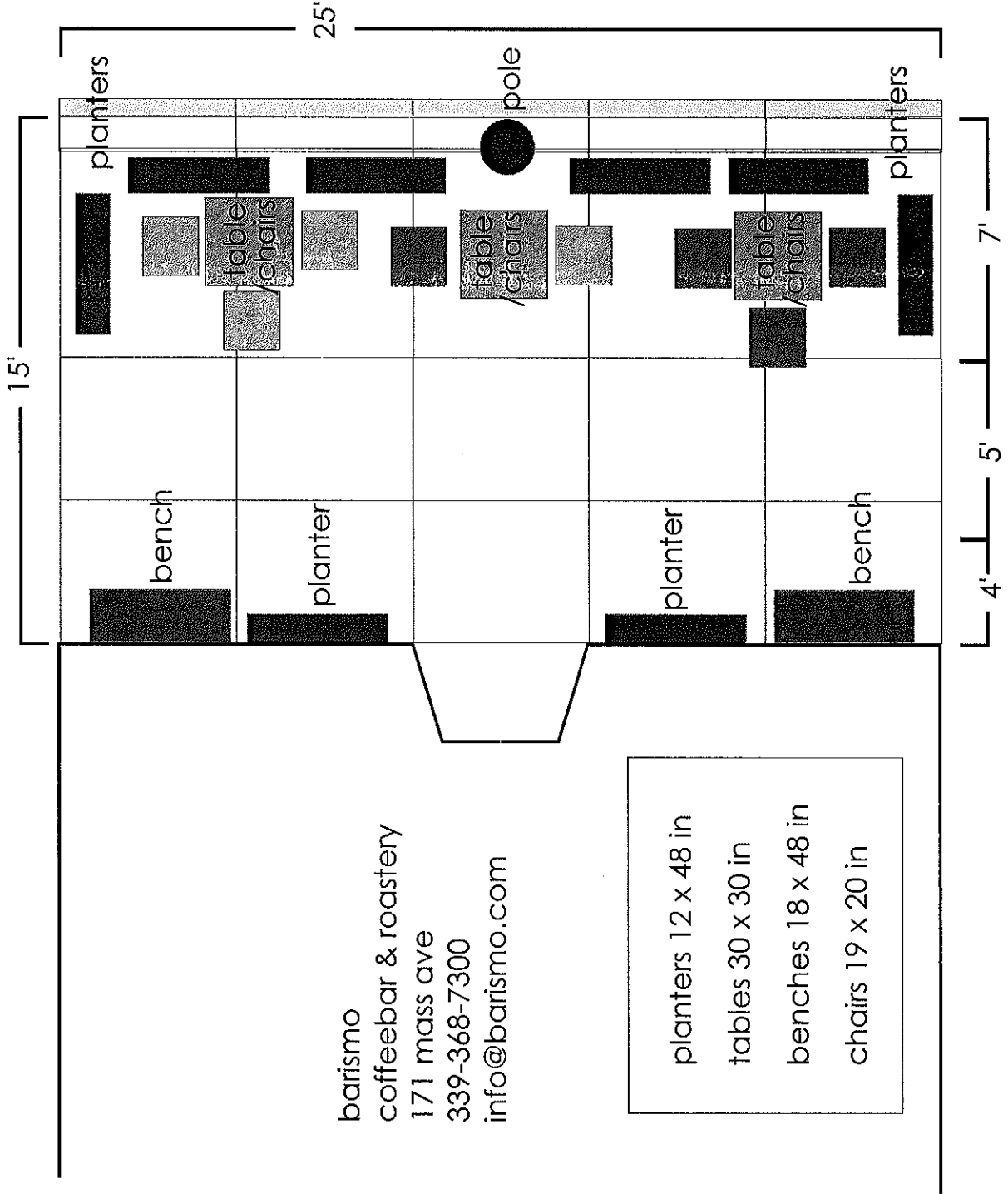
I certify that I have read and agree with the terms and conditions outlined both here and within the Sidewalk Café Permit Application.

Signature

Date

A handwritten signature in blue ink, appearing to be "Barismo Inc".

2/26/2016





CERTIFICATE OF LIABILITY INSURANCE

OP ID: CK

DATE (MM/DD/YYYY)

02/10/16

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cohen-Miles Insurance Agcy Inc 375 Concord Ave, Ste 005 Belmont, MA 02478-3045 Chris Keough		Phone: 617-489-1213 Fax: 617-489-0151	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: BARISMO	FAX (A/C, No):
INSURED Barismo inc 171 Massachusetts Ave Arlington, MA 02472	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A : Peerless Insurance Co			24198
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
INSURER F :				

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CBP7019369	08/01/15	08/01/16	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 1,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
A	Contents		CBP7019369	08/01/15	08/01/16	E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
coffee retail/wholesale. Location: 295 Third St Cambridge Ma 02142

CERTIFICATE HOLDER**CANCELLATION**

City of Cambridge

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Chris Keough

PERMIT APPLICATION REPORT

Type of License: Café Outside Furniture Permit

Name of Applicant: Gail Ann

Address: 10 Medford Street

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- Board of Health x
- Building x
- Planning x
- ADA Compliance x

PLEASE NOTE: ALL APPROVALS WILL BE SUBJECT TO CONDITIONS SET FORTH (SUCH AS DEPARTMENT CONDITIONS, CERTIFICATE OF INSURANCE ETC.)

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, **Wednesday, April 20, 2016**
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 10 Medford St.
Applicant's Name: Kiriakos Karageorgiou
D/B/A: Gail Ann
Telephone: 781 648-9584
Department: Sent Interoffice Mail & E-mail Date: 3.24.16

MEETING DATE: 4/25/16

Inspected By:

RE: OUTSIDE FURNITURE LICENSE

Inspected by: Board of Health

Building

Planning

Comments by each Division or Department:

- The Establishment must prohibit smoking in the outdoor seating area by conspicuously posting a notice or sign which states "No Smoking" or the by using a sign with the international "No Smoking" symbol in the outdoor area.
- The owner or designated Person in Charge is responsible for maintaining the outdoor seating area Smoke Free.
- Any person in charge of a public place or workplace who fails to comply with the regulations is subject to a fine of two hundred dollars (\$200.00) for each day of the violation.
- The Establishment is responsible for maintaining the outdoor seating in a clean and sanitary manner, free from garbage and trash or other refuse that would constitute a public health nuisance.

Applicant Section:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: _____

Date: _____

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, **Wednesday, April 20, 2016**
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 10 Medford St.
Applicant's Name: Kiriakos Karageorgiou
D/B/A: Gail Ann
Telephone: 781 648-9584
Department: Sent Interoffice Mail & E-mail Date: 3.24.16

MEETING DATE: 4/25/16

Inspected By:

RE: OUTSIDE FURNITURE LICENSE

Inspected by: Board of Health
Building
Planning
ADA Compliance

Comments by each Division or Department:

Inspectional Services has no objections to this or any other outdoor furniture permit the BoS wishes to grant. The applicant will need to present plans to this department for building code review prior to furniture being approved or placed. At that time, we can over particulars such as aisle width, distance between chairs/tables and how the new occupant load may affect the establishments bathroom requirements, among other possible issues.

Applicant Section:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: _____

Date: _____

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by April 20th, 2016
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 10 Medford Street
Applicant's Name: Kiriakos Karageorgiou
D/B/A: Gail Ann Coffee Shop
Telephone: 781 648-9584
Department: Sent Interoffice Mail & E-mail Date: 4/20/16

MEETING DATE: APRIL 25, 20156

Departments: *Ted Fields 4.10.2016*

Re: OUTDOOR FURNITURE LICENSE

Board of Health
Building
Planning
ADA Compliance

Comments by each Division or Department:

The applicant currently operates a 700 square foot coffee shop at 10 Medford Street with fourteen (14) seats and is requesting an outdoor seating area spanning 12 square feet (4 feet long by 3 feet wide) consisting of one (1) table and two (2) chairs against its storefront on Medford Street. This will provide an acceptable five (5) foot wide travel corridor from the proposed fixtures to the nearest curb line on Medford Street, complying with the Town's requirement that all users, including people with disabilities, be able to safely traverse public rights of way with outdoor seating. The applicant should ensure that the proposed furniture be kept close to the shop entrance to prevent sidewalk travelers from being forced into the tree well directly to the north of the site. The applicant must demonstrate acceptable coverage of \$1,000,000 in general liability insurance. The Dept. of Planning and Community Development has no objection to the issuance of an Outdoor Furniture license as requested as long as the required insurance coverage is provided before said license is granted.

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: _____

Date: _____

COMMISSION ON DISABILITY, TOWN OF ARLINGTON

20 ACADEMY STREET, SUITE 203, ARLINGTON, MASSACHUSETTS 02476-6436 (781) 316-3431



MEMO TO: Board of Selectmen
Adam Chadelaine, Town Manager

FROM: Jack Jones, Director of Housing & Disability Programs

DATE: April 14, 2016

RE: Outside Furniture Permit

It appears from the attached diagram and a completed survey of the sidewalk in front of **Gail Ann Coffee Shop, 10 Medford Street**, that all conditions pertaining to accessibility of sidewalk dining will be in compliance with federal and state regulations.

In order to be in compliance with regards to sidewalk dining the absolute minimum clear path of travel along the sidewalk must be at least 36" according to the Massachusetts Architectural Access Board and the Americans with Disabilities Act Architectural Guidelines. Possible obstructions on the sidewalk that could affect compliance that will need to be watched are tables, chairs, other furniture, trees, trash receptacles, fire hydrants, planters, sandwich boards, etc. In addition a portion (5%), but not less than one, of available seating must be wheelchair accessible, with an accessible route of at least 36" between tables. The Disability Commission recommends to the Board of Selectmen that a compliance monitoring process be developed in addition to employee training for all restaurant employees to ensure that accessibility is maintained after the permitting process.

Sidewalk Café Permit Application - Town of Arlington, MA

This is an application to the Board of Selectmen of the Town of Arlington Massachusetts, for a permit to place and maintain a Sidewalk Café (an outside seating area for licensed restaurants) on the public right of way in Arlington Massachusetts described below:

RECEIVED
SELECTMEN'S OFFICE
ARLINGTON, MA 02476
2016 MAR 16 PM 8:32

(PLEASE TYPE OR PRINT)

Business Name:
Gail Ann Coffee Shop

Business Address/Location:
10 Medford St.

Phone Number/Email:
(781) 648-9584

Business Representative's Name:
Kiriakos Karageorgiou

Name & Address of Building Owner:
X Pascioto Frank - 455 Mass. Av, Arlington MA 02474

*1: Measure from front Building Wall to inside of sidewalk granite curb edge.

*2: Measure from front Building Wall to outside of Sidewalk Café surrounding border fencing/barrier.

Length of Storefront (ft):
13 ft.

Width of Sidewalk along Storefront (ft); *1:
10 ft

Length of Proposed Sidewalk Café (ft):
7 ft

Width of Proposed Sidewalk Café (ft); *2:
3 ft 4"

Application Submittal Requirements:

1.) Fee: An annual permit fee of **\$50.00** payable to the Town of Arlington filed with the Selectmen's Office. The Board may prorate its fee for applicants in their initial term to reflect the number of months the permit sought will be held.

2.) Site Plan: Furnish a **Site Plan** (scale diagram) showing the location of tables, chairs, umbrellas, trash receptacles, heaters, barricades, as well as a **picture or photograph of the proposed furniture** in compliance with the following requirements: 1 table 3 chairs see photo

- No person or entity shall cause to be placed within the public ways any furniture without applying for a permit and receiving approval from the Board of Selectmen of the Town. This permit shall be considered separate and distinct from others issued by the Town, including those for common victuallers.
- Ordinarily, the location of the sidewalk café must be directly in front of the business operating the café, and may not extend beyond the side property lines. It shall be sited as close to the building façade as practicable and in no event to exceed twelve (12) feet from the food service door of the establishment.
 - Under limited circumstances, sidewalk café areas may be approved adjacent to a storefront, grouped at a distance from the storefronts, or allowed in both positions if a scaled plan showing dimensions clearly establishes:

- a) The requested location(s) create the least obstruction for pedestrian access to storefronts, crosswalks and pedestrian circulation, and/or
 - b) the location does not extend substantially beyond the side edges of the business (allowing for up to 10 feet of latitude where landscaping, public facilities, utility poles or adjacent seating areas obstruct the front of the business premises), and/or
 - c) no more than 256 square feet of the public way would be cordoned off for establishments serving liquor unless the Board determines from the scaled site plan (with dimensions shown) and photos that additional square footage for outdoor seating would not leave less than 36" to the nearest barrier, would not impede circulation, and would not preclude other allowed desirable uses for the public space, and
 - d) in every case, the additional seating does not violate zoning, building, or other code as determined by the Director of Inspectional Services.
- Further, Tables, chairs, benches, food equipment shall be located so that they do not impede, endanger or interfere with pedestrian traffic, with a minimum width of three (3) feet and a recommended width of four (4) feet of unobstructed passage for pedestrian traffic.
 - In addition, no sidewalk café furniture shall be affixed, erected, installed, placed, used or maintained **within five (5) feet** of any marked or unmarked crosswalk or handicapped ramp; or within five (5) feet of any fire hydrant, fire lane, call box, or bus stop.
 - Unlicensed furniture within the public ways of the Town will be subject to removal with the cost thereof to be borne entirely by the owner. In addition, fines may be imposed by the Board of Selectmen not to exceed \$100 for removal, storage or destruction.
 - No fixtures or devices on which food or beverages are sold or consumed shall be attached to the sidewalk or other public area. The property owner is responsible for the restoration of the sidewalk or public-right-of-way if any damage is caused by the sidewalk café. Physical barriers bordering/framing a sidewalk café may not exceed four (4) feet in height.
 - Lighting for sidewalk cafes is subject to approval during the permitting process. Tabletop lighting may include candles and battery-operated fixtures.
 - Well-designed physical barricades surrounding/framing sidewalk cafés are **strongly encouraged**.

3.) Insurance: The applicant restaurant-owner shall furnish a **certificate of insurance** providing commercial insurance coverage for bodily injury, death, disability, and property damage liability in the following amounts:

- At least \$1,000,000 per occurrence and \$3,000,000 annual aggregate for any restaurant serving alcohol as part of its use of sidewalk café space; or

- At least \$300,000 per occurrence and \$900,000 annual aggregate for restaurants which are either not licensed to serve alcohol or restaurants which attest that they will not serve alcohol as part of their use of sidewalk café space.

The Town of Arlington shall be named as an additional insured on a primary, noncontributory basis for any liability arising directly or indirectly from the operation of a sidewalk café. In the event the insurance is cancelled, the permit holder has 24 hours to reinstate the insurance or the permit shall be revoked. The permit holder shall immediately inform the Selectmen's Office if insurance under this provision is revoked and shall not operate the sidewalk café until insurance is restated in accordance with this requirement. An insurance certificate naming the Town as an additional insured must be provided to the Office of the Board of Selectmen before any Sidewalk Café/Outdoor Seating Area will be issued.

4.) Indemnification and Acknowledgement of Rights: The applicant restaurant-owner shall also furnish a signed agreement to indemnify the Town of Arlington for its use of public property as a sidewalk café/outdoor seating from any and all claims that may be brought against the Town in connection with such use. Such a signed agreement shall also acknowledge the Town's rights with respect to its property and the limitations of the permit (attached hereto).

5.) Compliance Requirements: By signing this application, the Applicant agrees to accept and comply with the following requirements:

- All services provided to sidewalk café customer and customer activity must occur within the designated sidewalk café area.
- Permit holder is responsible for proper supervision of the sidewalk café in order to ensure the requirements of this section are met.
- Permit holders must ensure that the requirements for operation are met. These include:
 - Patrons must wear shoes and shirts at all times.
 - All sidewalk cafes must maintain at least one opening for ingress and egress at all times. All sidewalk cafes shall abide by all requirements of the currently adopted International Building Code and the American's with Disabilities Act.
 - To the extent applicable, sidewalk cafes must adhere to all regulations pertaining to food and beverage enforced by the Board of Health and Board of Selectmen.
 - All areas within and surrounding a sidewalk café must be maintained in a clean, neat, and sanitary condition.
 - All permit holders shall be required to abide by all federal, state, and local laws.
 - Outdoor alcohol service (and food service when alcohol is served outdoors) shall conclude at or before 10:00 p.m. Sunday through Thursday, and at or before 11:00 p.m. Friday and Saturday.

6.) Other Regulations: By receiving a sidewalk café/outdoor seating permit, restaurants are not exempted from other federal, state, and local laws and regulations. Among other regulations, permit holders must comply with local zoning and state building code requirements and Board of Selectmen alcohol service regulations. Applicants are strongly advised to ensure their plans comply with zoning and state building requirements by contacting Inspectional Services.

7.) Revocation: The sidewalk café permit may be revoked for failure to maintain the standards required for the initial permit. A notice of intent to revoke a sidewalk café permit shall be given in writing 10-days prior to actual revocation and shall specify the area or areas of failure to meet requirements and maintain conditions the Town may have imposed. If, during that period, proof of compliance is made to the satisfaction of designated Town Inspectors by the holder of the permit, the permit shall be continued in force.

- Applicant certifies that all current property taxes due on its licensed premises are paid if property is owned by the Applicant.
- Applicant agrees to permit the Town to periodically verify the accuracy of information contained in this Application and agrees to provide information requested to verify the accuracy of the information and the Certifications contained in this Application.

8.) Term & Non-Transferability: Each Sidewalk Café Permit is valid for one calendar year from the January 1st through December 31st and is non-transferable.

I have read and fully understand the above rules and regulations applying to the approval of this permit.

Dated _____, 20 16

By: _____

(Signature)

(Print Name & Address) Kiriakos Karageorgiou 10 Medford St. Arlington

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON

SIDEWALK CAFÉ INDEMNIFICATION AGREEMENT & ACKNOWLEDGEMENT

On behalf of the business applying for a Sidewalk Café (Outdoor Seating) license from the Town of Arlington Board of Selectmen, I, as a duly authorized agent of Gail Ann Coffee Shop, a licensed restaurant operating within the Town of Arlington, acknowledge that I seek permission to use a portion of the public sidewalk in front of (or where permitted, adjacent to) the business premises to operate a sidewalk café/outdoor seating area. I understand that a Sidewalk Café permit does not give my business any right, title, or interest in any part of the sidewalk space approved for use.

Furthermore, I, as a duly authorized agent of Gail Ann Coffee Shop, agree to hold harmless the Town of Arlington, its officers and employees, for any loss or damage arising from the use of the public sidewalk or the discontinuance of use resulting from an order, demand, or notice of any governmental agency with jurisdiction.

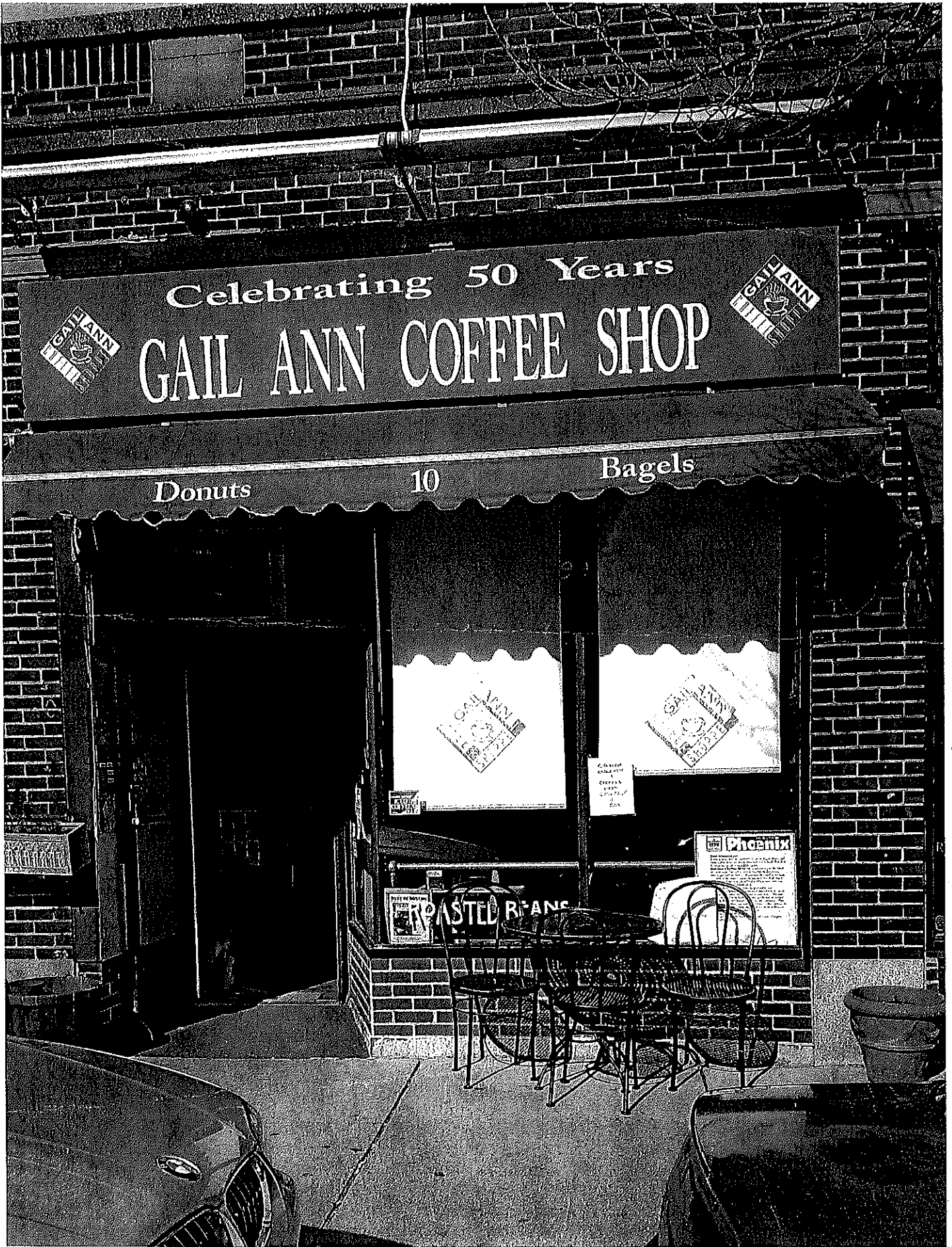
I understand that Board of Selectmen and/or any government agency with jurisdiction may revoke my permit to use public sidewalk space at any time for any reason whatsoever. The permit can be revoked for failure to comply with any terms and conditions of the permit or any agreements between my business and the Town of Arlington or for violation of any of the rules and regulations enforced by Board of Selectmen, the Department of Inspectional Services, the Police Department, or the Board of Health. I understand there will be no refund of any fees or compensation paid to the Town of Arlington.

I further agree to promptly remove any property placed on the sidewalk space or reimburse the Town of Arlington for the cost of moving my business' property upon receipt of any written notice, demand, or order to vacate the sidewalk space from a governmental agency with jurisdiction.

I certify that I have read and agree with the terms and conditions outlined both here and within the Sidewalk Café Permit Application.


Signature

3/15/16
Date



PERMIT APPLICATION REPORT

Type of License: Café Outside Furniture Permit

Name of Applicant: Starbucks

Address: 327 Broadway

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- Board of Health x
- Building x
- Planning x
- ADA Compliance x

PLEASE NOTE: ALL APPROVALS WILL BE SUBJECT TO CONDITIONS SET FORTH (SUCH AS DEPARTMENT CONDITIONS, CERTIFICATE OF INSURANCE ETC.)

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by April 20, 2016
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 327 Broadway
Applicant's Name: Christopher Fitzgerald
D/B/A: Starbucks
Telephone: 781 641-2893
Department: Sent Interoffice Mail & E-mail
Date: 4/7/16

Meeting Date: APRIL 25, 2016

RE: OUTSIDE FURNITURE LICENSE

Inspected by: Board of Health
Building
Planning
ADA Compliance

Comments by each Division or Department:

- The Establishment must prohibit smoking in the outdoor seating area by conspicuously posting a notice or sign which states "No Smoking" or the by using a sign with the international "No Smoking" symbol in the outdoor area.
- The owner or designated Person in Charge is responsible for maintaining the outdoor seating area Smoke Free.
- Any person in charge of a public place or workplace who fails to comply with the regulations is subject to a fine of two hundred dollars (\$200.00) for each day of the violation.
- The Establishment is responsible for maintaining the outdoor seating in a clean and sanitary manner, free from garbage and trash or other refuse that would constitute a public health nuisance.

Applicant Section:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: _____

Date: _____

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by April 20, 2016
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 327 Broadway
Applicant's Name: Christopher Fitzgerald
D/B/A: Starbucks
Telephone: 781 641-2893
Department: Sent Interoffice Mail & E-mail Date: 4/7/16

Meeting Date: APRIL 25, 2016

RE: OUTSIDE FURNITURE LICENSE

Inspected by: Board of Health

Building

Planning

ADA Compliance

Comments by each Division or Department:

Inspectional Services has objections to this or any other outdoor furniture permit the BoS wishes to grant, at this location. The applicant / location does not have enough bathrooms to meet building code requirements for the plan submitted. Therefore Inspectional Services does not recommend approval for this outside furniture license.

Applicant Section:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: _____

Date: _____

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by April 20th, 2016
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 327 Broadway
Applicant's Name: Christopher Fitzgerald
D/B/A: Starbucks
Telephone: 781 641-2893
Department: Sent Interoffice Mail & E-mail
Date: 4/20/16

MEETING DATE: APRIL 25, 20156

Departments: *Ted Fields 4.10.2016*

Re: OUTDOOR FURNITURE LICENSE

Board of Health
Building
Planning

ADA Compliance

Comments by each Division or Department:

The applicant currently operates a 1,473 square foot coffee bar at 327 Broadway with twenty (20) seats and is requesting an outdoor seating area spanning 120 square feet (48 feet long by 2.5 feet wide) consisting of five (5) tables and nine (9) seats against its storefront on Broadway Plaza. This will leave proposed seating at least 24 feet from the nearest curb line on Medford Street, providing more than an acceptable five (5) foot travel corridor, complying with the Town's requirement that all users, including people with disabilities, be able to safely traverse public rights of way with outdoor seating. The applicant must demonstrate acceptable coverage of \$1,000,000 in general liability insurance. The Dept. of Planning and Community Development has no objection to the issuance of a Outdoor Furniture license as requested as long as the required insurance coverage is provided before said license is granted.

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: _____

Date: _____

COMMISSION ON DISABILITY, TOWN OF ARLINGTON

20 ACADEMY STREET, SUITE 203, ARLINGTON, MASSACHUSETTS 02476-6436 (781) 316-3431



MEMO TO: Board of Selectmen
Adam Chadelaine, Town Manager

FROM: Jack Jones, Director of Housing & Disability Programs

DATE: April 14, 2016

RE: Outside Furniture Permit

It appears from the attached diagram and a completed survey of the sidewalk in front of **Starbucks, 327 Broadway**, that all conditions pertaining to accessibility of sidewalk dining will be in compliance with federal and state regulations.

In order to be in compliance with regards to sidewalk dining the absolute minimum clear path of travel along the sidewalk must be at least 36" according to the Massachusetts Architectural Access Board and the Americans with Disabilities Act Architectural Guidelines. Possible obstructions on the sidewalk that could affect compliance that will need to be watched are tables, chairs, other furniture, trees, trash receptacles, fire hydrants, planters, sandwich boards, etc. In addition a portion (5%), but not less than one, of available seating must be wheelchair accessible, with an accessible route of at least 36" between tables. The Disability Commission recommends to the Board of Selectmen that a compliance monitoring process be developed in addition to employee training for all restaurant employees to ensure that accessibility is maintained after the permitting process.

Sidewalk Fixture(s) Permit Application - Town of Arlington, MA

This is an application to the Board of Selectmen of the Town of Arlington Massachusetts, for a permit to place and maintain fixture(s) on sidewalks on the public right of way in Arlington, Massachusetts described below:

(PLEASE TYPE OR PRINT)

Business Name:

Starbucks

Length of Storefront (ft):

48' 4"

Business Address/Location:

327 Broadway

Width of Sidewalk along Storefront (ft); *1:

widest width 38' 2" / shortest width 24' 33"

Phone Number/Email:

781-641-2893

Length of Proposed Sidewalk Café (ft):

48' 4"

Business Representative's Name:

Christopher Fitzgerald

Width of Proposed Sidewalk Café (ft); *2:

2' 6"

Name & Address of Building Owner:

Geo-char Realty Trust, one Thomas Newton Drive, Westborough, MA.

*1: Measure from front Building Wall to inside of sidewalk granite curb edge.

*2: Measure from front Building Wall to outside of the sidewalk fixture(s).

Application Submittal Requirements:

1.) Fee:

An annual permit fee of **\$50.00** payable to the Town of Arlington filed with the Selectmen's Office. The Board may prorate its fee for applicants in their initial term to reflect the number of months the permit sought will be held.

2.) Site Plan:

Furnish a **Site Plan** (scale diagram) showing the location of the sidewalk fixture, as well as a **picture or photograph of the proposed fixture(s)** in compliance with the following requirements:

- No person or entity shall cause to be placed within the public ways any furniture/fixture(s) without applying for a permit and receiving approval from the Board of Selectmen of the Town. This permit shall be considered separate and distinct from others issued by the Town, including those for common victuallers.
- Ordinarily, the location of the sidewalk fixture(s) must be directly in front of the business operating the storefront, and may not extend beyond the side property lines. It shall be sited as close to the building façade as practicable and in no event to exceed twelve (12) feet from the food service door of the establishment.
 - Under limited circumstances, sidewalk fixture(s) may be approved adjacent to a storefront, grouped at a distance from the storefronts, or allowed in both positions if a scaled plan showing dimensions clearly establishes:
 - a) The requested location(s) create the least obstruction for pedestrian access to storefronts, crosswalks and pedestrian circulation, and/or

- b) the location does not extend substantially beyond the side edges of the business (allowing for up to 10 feet of latitude where landscaping, public facilities, utility poles or adjacent seating areas obstruct the front of the business premises), and/or
 - c) in every case, the additional sidewalk fixture(s) does not violate zoning, building, or other code as determined by the Director of Inspectional Services.
- Further, sidewalk fixture(s) shall be located so that they do not impede, endanger or interfere with pedestrian traffic, with a minimum width of three (3) feet and a recommended width of four (4) feet of unobstructed passage for pedestrian traffic.
 - In addition, no sidewalk fixture(s) shall be affixed, erected, installed, placed, used or maintained **within five (5) feet** of any marked or unmarked crosswalk or handicapped ramp; or within five (5) feet of any fire hydrant, fire lane, call box, or bus stop.
 - Unlicensed fixture(s) within the public ways of the Town will be subject to removal with the cost thereof to be borne entirely by the owner. In addition, fines may be imposed by the Board of Selectmen not to exceed \$100 for removal, storage or destruction.
 - No fixture(s) or device(s) shall be attached to the sidewalk or other public area. The property owner is responsible for the restoration of the sidewalk or public-right-of-way if any damage is caused by the sidewalk fixture(s).

3.) Insurance: The applicant business-owner shall furnish a **certificate of insurance** providing commercial insurance coverage for bodily injury, death, disability, and property damage liability in the following amounts:

- **At least ten thousand (\$10,000)** the Town of Arlington shall be named as an additional insured on a primary, noncontributory basis for any liability arising directly or indirectly from the fixture(s). In the event the insurance is cancelled, the permit holder has 24 hours to reinstate the insurance or the permit shall be revoked. The permit holder shall immediately inform the Selectmen's Office if insurance under this provision is revoked and shall not operate with the sidewalk fixture until insurance is restated in accordance with this requirement. An insurance certificate naming the Town as an additional insured must be provided to the Office of the Board of Selectmen before any Sidewalk Fixture(s) Permit will be issued.

4.) Indemnification and Acknowledgement of Rights: The applicant shall also furnish a signed agreement to indemnify the Town of Arlington for its use of public property from any and all claims that may be brought against the Town in connection with such use. Such a signed agreement shall also acknowledge the Town's rights with respect to its property and the limitations of the permit (attached hereto).

5.) Compliance Requirements: By signing this application, the Applicant agrees to accept and comply with the following requirements:

- Permit holders must ensure that the requirements for operation are met. These include:
 - All areas within and surrounding a sidewalk fixture must be maintained in a clean, neat, and sanitary condition.
 - All permit holders shall be required to abide by all federal, state, and local laws.

6.) Other Regulations: By receiving a sidewalk fixture(s) permit, applicants are not exempted from other federal, state, and local laws and regulations. Among other regulations, permit holders must comply with local zoning and state building code requirements and Board of Selectmen regulations. Applicants are strongly advised to ensure their plans comply with zoning and state building requirements by contacting Inspectional Services.

7.) Revocation: The sidewalk fixture(s) permit may be revoked for failure to maintain the standards required for the initial permit. A notice of intent to revoke a sidewalk fixture(s) permit shall be given in writing 10-days prior to actual revocation and shall specify the area or areas of failure to meet requirements and maintain conditions the Town may have imposed. If, during that period, proof of compliance is made to the satisfaction of designated Town Inspectors by the holder of the permit, the permit shall be continued in force.

- Applicant certifies that all current property taxes due on its licensed premises are paid if property is owned by the Applicant.
- Applicant agrees to permit the Town to periodically verify the accuracy of information contained in this Application and agrees to provide information requested to verify the accuracy of the information and the Certifications contained in this Application.

8.) Term & Non-Transferability: Each Sidewalk Fixture(s) Permit is valid for one calendar year from the January 1st through December 31st and is non-transferable.

I have read and fully understand the above rules and regulations applying to the approval of this permit.

Dated 4/6, 2016 By: Christopher Fitzgerald
(Signature)

(Print Name & Address) Christopher Fitzgerald, 327 Broadway, Arlington, MT

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON

SIDEWALK FIXTURE(S) PERMIT INDEMNIFICATION AGREEMENT & ACKNOWLEDGEMENT

On behalf of the business applying for a Sidewalk Fixture(s) Permit from the Town of Arlington Board of Selectmen, I, as a duly authorized agent of Starbucks, a licensed business operating within the Town of Arlington, acknowledge that I seek permission to use a portion of the public sidewalk in front of (or where permitted, adjacent to) the business premises to for a sidewalk fixture(s). I understand that a sidewalk fixture(s) permit does not give my business any right, title, or interest in any part of the sidewalk space approved for use.

Furthermore, I, as a duly authorized agent of Starbucks, agree to hold harmless the Town of Arlington, its officers and employees, for any loss or damage arising from the use of the public sidewalk or the discontinuance of use resulting from an order, demand, or notice of any governmental agency with jurisdiction.

I understand that Board of Selectmen and/or any government agency with jurisdiction may revoke my permit to use public sidewalk space at any time for any reason whatsoever. The permit can be revoked for failure to comply with any terms and conditions of the permit or any agreements between my business and the Town of Arlington or for violation of any of the rules and regulations enforced by Board of Selectmen, the Department of Inspectional Services, the Police Department, or the Board of Health. I understand there will be no refund of any fees or compensation paid to the Town of Arlington.

I further agree to promptly remove any property placed on the sidewalk space or reimburse the Town of Arlington for the cost of moving my business' property upon receipt of any written notice, demand, or order to vacate the sidewalk space from a governmental agency with jurisdiction.

I certify that I have read and agree with the terms and conditions outlined both here and within the Sidewalk Fixture(s) Permit Application.

Signature

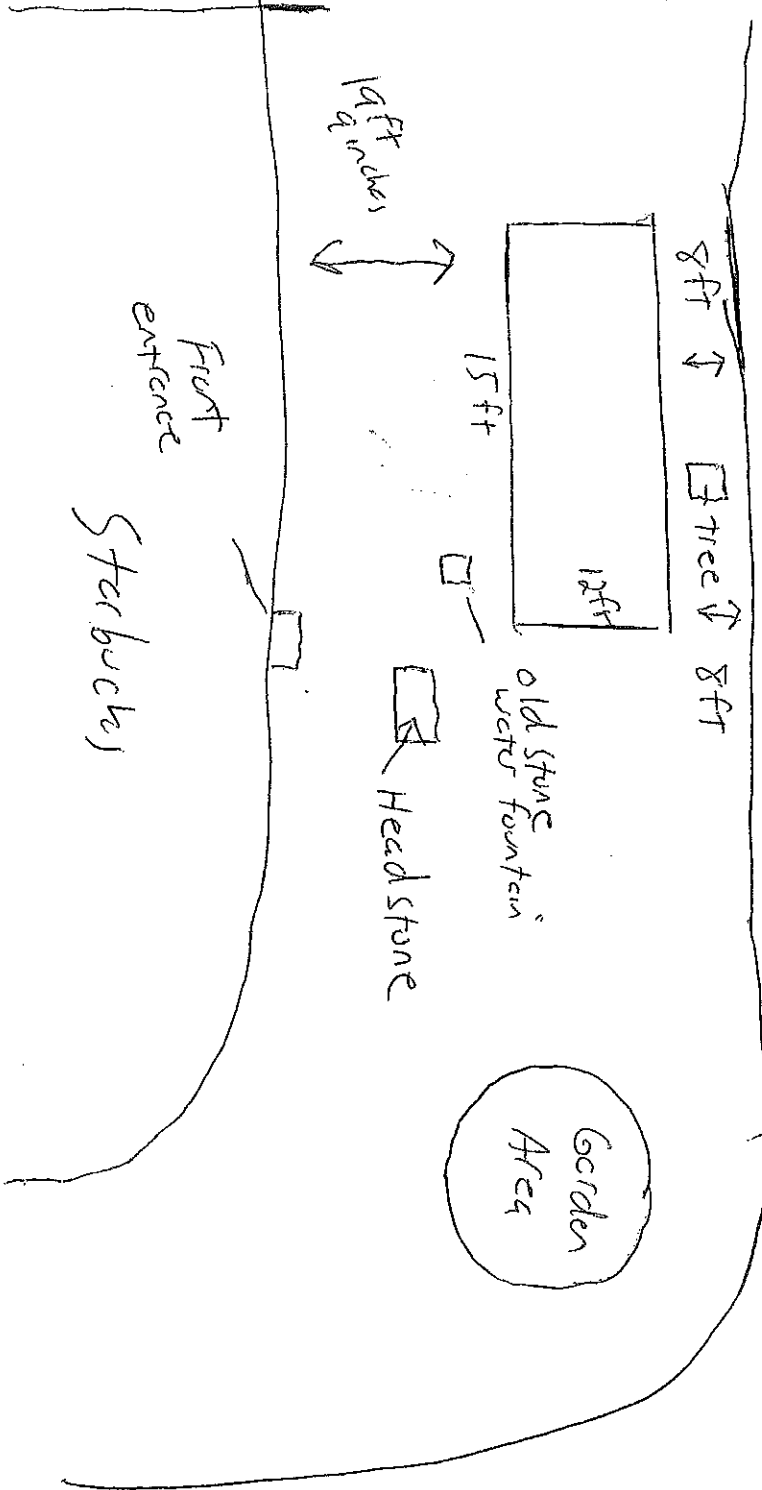
Ch. Fagan

Date

4/6/16

STARBUCK'S

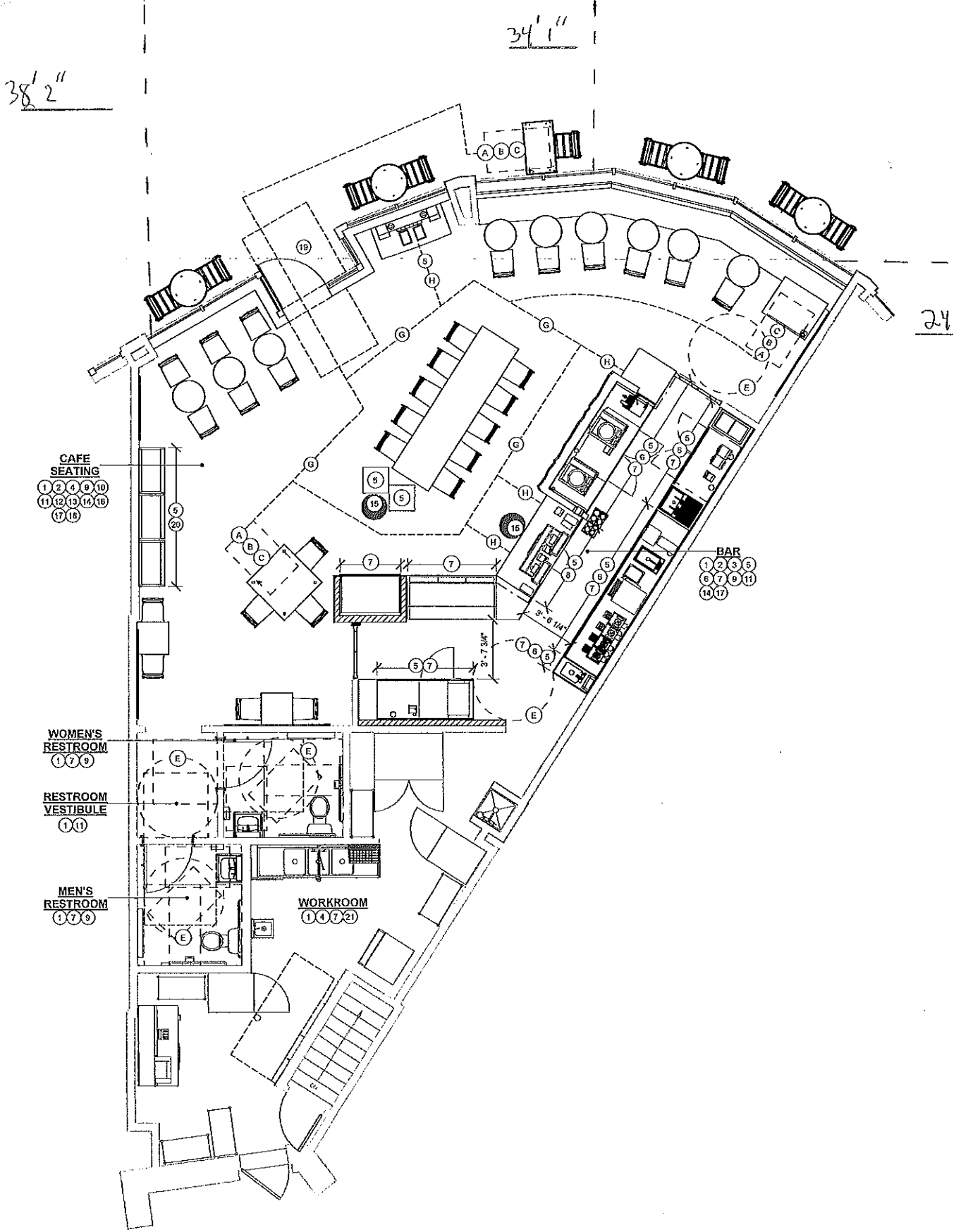
Dahn Yogg



Mass Ave
→

Front
entrance
Starbucks

Medford
Street



1 SCOPE OF WORK PLAN

Scale: 1/4" = 1'-0"





Town of Arlington, Massachusetts

For Approval: Common Victualler License

Summary:

JR Foods LLC, d/b/a Commune Kitchen, 203A Broadway
Justin Demers & Richard Niedzwiecki, Co-owners

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Ref_Mat_4.25.16_Commune_Kitchen.pdf	application and inspection reports

LICENSE APPLICATION REPORT

Type of License: Common Victualler License

Name of Applicant: Justin Demers and Richard Niedzwiecki
JR Foods LLC d/b/a Commune Kitchen

Address: 203A Broadway

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- Police ☒
- Fire ☒
- Health ☒
- Building ☒
- Planning ☒

The following Departments have **objections** to the issuance of said license:
(see attached)

- Police ☐
- Fire ☐
- Health ☐
- Building ☐
- Planning ☐

ARLINGTON POLICE DEPARTMENT

Frederick Ryan
Chief of Police



POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900

Town of Arlington
MASSACHUSETTS 02474

March 22, 2016

On Tuesday, March 22, 2016 at 10:00 AM, I called and spoke with Justin Demers and Richard Niedzwiecki regarding this application for a Common Victualler License for the Commune Kitchen, located at 203A Broadway. Mr. Demers and Mr. Niedzwiecki both stated that they plan to open in May and that this will be their first business opening. Mr. Demers stated that they would not be serving alcohol now but may apply for a License in the future. Mr. Niedzwiecki stated that he and Demers would be running the day to day operations.

I advised Mr. Demers and Mr. Niedzwiecki that the Board of Selectmen may be conducting C.O.R.I and S.O.R.I checks during the application process.

Pending the checks conducted by the Board of Selectmen's Office, Arlington Police Dept. is not aware of any law enforcement or public safety reasons to object to the Common Victuallers License for the Commune Kitchen.

Respectfully Submitted,

Detective Edward DeFrancisco

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____

Date: _____

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, April 4, 2016
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 203A Broadway
Applicant's Name: Justin Demers and Richard Niedzwiecki, JRC Foods LLC
D/B/A: Commune Kitchen
Telephone: J. Demers: 978 223-8742/justindmrs@gmail.com
R. Niedzwiecki: 617 415-3197/rc.niedz@gmail.com

Department: Sent Interoffice Mail & E-mail

Date:

MEETING DATE: APRIL 4, 2016

RE: COMMON VICTUALLER LICENSE

Departments:

Police

Fire

Board of Health

Building

Planning

Comments by each Division or Department:
Checklist for mercantile ownership conversion.

- o All exit signs and emergency lights must be tested and in good working order
- o FACP must have annual test paperwork on hand and be free of trouble and alarm signals
- o All extinguishers must be hung with signs and a current inspection tag
- o "K" extinguisher mounted and tagged in the kitchen area
- o All exits and exit paths must be in proper working order and free from storage
- o No storage of excess combustibles allowed inside building or near exit ways
- o Hoods must have current inspection/cleaning sticker attached
- o Kitchen extinguishing systems must have current inspection tags
- o Call for inspection after all has been completed 781-316-3803

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____

Date: _____



Town of Arlington
Department of Health and Human Services
Office of the Board of Health

27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

MEMO

To: Board of Selectmen
From: Natasha Waden, Health Compliance Officer
Date: April 21, 2016
RE: Board of Health Comments for Selectmen's Meeting on April 25, 2016:

Please accept the following as comments from the Office of the Board of Health:

**Commune Kitchen- 203 Broadway
Common Victualler License**

- *This establishment is currently in the plan review process. The plans submitted have been approved and the applicant is in the process of complying with conditions outlined in the plan approval letter dated April 14, 2016. Upon successful pre-operational inspection, this Office will issue a permit to operate a food establishment to the applicant.*

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, April 4, 2016
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 203A Broadway
Applicant's Name: Justin Demers and Richard Niedzwiecki, JRC Foods LLC
D/B/A: Commune Kitchen
Telephone: J.Demers: 978 [223-8742/justindmrs@gmail.com](mailto:justindmrs@gmail.com)
R.Niedzwiecki: 617 [415-3197/rc.niedz@gmail.com](mailto:rc.niedz@gmail.com)

Department: Sent Interoffice Mail & E-mail

Date:

MEETING DATE: APRIL 4, 2016

RE: COMMON VICTUALLER LICENSE

Departments:

Police
Fire
Board of Health
Building

Building

All building changes need permits.
All sign changes need approval and sign permit.
Window signs cannot exceed 25% of window or fines will be levied.
Certificate of Occupancy is needed -\$100 fee.
The Director of Inspectional Services has no objection to the issuance/ renewal of this license as the applicant has been made aware of seating capacity and necessity for showing proof of ownership of sidewalk

Plumbing

The Inspector of Plumbing and Gasfitting has no objection to the issuance/ renewal of this license.
All plumbing and Gasfitting work requires that the permits be obtained from this office for their respective trades by licensed contractors.

Electrical

The Inspector Wires has no objection to the issuance/ renewal of this license.
The applicant acknowledges that this is a conditional approval of the premises only and is not to be constructed as approval by the Inspector of Wires of concealed electrical wiring. Any new wiring must conform to the Mass. Electrical Code. Notify the Inspector of Wires in accordance with Chapter 143, Section 3L.

Applicant's Signature: _____

Date: _____

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, **April 13, 2016**
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 203A Broadway
Applicant's Name: Justin Demers and Richard Niedzwiecki, JR. Foods
D/B/A: Commune Kitchen
Telephone: J. Demers: 978 223-8742/justindmrs@gmail.com
Richard Niedzwiecki 617 415-3197/rc.niedz@gmail.com
Department: Sent Via E-mail Date: 3/21/2016

MEETING DATE: April 25, 2016

Inspected By: *Ted Fields 3.24.2016*

RE: COMMON VICTUALLER LICENSE

Police
Fire
Board of Health
Building
Planning

INSPECTION REPORT SECTION:

The business proposed for this site is a 4000 square foot bistro selling coffee, breads, pastries, pizza, sandwiches, small plate dishes, beer and wine for consumption on the premises from 10am to 8pm weekdays (Wednesday through Sunday). There is seating for up to thirty-eight (38) patrons and no assigned on-street or off-street parking spaces. It is a small enterprise serving residential neighborhoods around the Mid-Broadway business district (B2 zone). It is an appropriate type of business for its location on Broadway in the midst of a low-density commercial corridor.

The Dept. of Planning and Community Development has no objection to the issuance of a Common Victualler license as requested.

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____
Date: _____

OFFICE OF THE BOARD OF SELECTMEN

730 Massachusetts Avenue
Town of Arlington
Massachusetts 02476-4908

(781) 316-3020
(781) 316-3029 fax

\$60.00 Filing Fee

APPLICATION

☒ **COMMON VICTUALLER LICENSE**

☐ **FOOD VENDOR LICENSE (Take Out Only)**

You must complete an application packet from the Board of Health Department located at 27 Maple St.

You must have the completed application reviewed by the Inspections Department located at 51 Grove St. before filing this application with this office

Location 203A Broadway, Arlington MA 02474

Name of Applicant Justin Demers, Richard Niedzwiecki

Corporate Name (if applicable) JR Foods LLC

D/B/A Commune Kitchen

Date _____

I/We hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen may establish. With the signing of this application, the applicant acknowledges that:

(A) it is understood that the Board is not required to grant the license.

(B) no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Board of Selectmen, and, furthermore, any work done is done at the applicant's risk, and

(C) in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Board of Selectmen a thirty day notice of his intention to sell same before such application will be acted upon by the Selectmen.

(D) that the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

Signature Name [Signature] Justin Demers, Managing Member JR Foods LLC

Signature Name [Signature] Richard Niedzwiecki, Managing Member JR Foods LLC

Phone: Justin Demers: (978) 223-8742 Email: justindmrs@gmail.com

Richard Niedzwiecki: (617) 415-3197 rc.niedz@gmail.com

Note: (A) If a corporation, state full names and addresses of principal officers.

(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

Name <u>Justin Demers</u>	Name <u>Richard Niedzwiecki</u>
Address <u>594 Somerville Ave #2c</u>	Address <u>136 Newbridge Rd</u>
City <u>Somerville</u> Zip <u>02143</u>	City <u>Sudbury</u> Zip <u>01776</u>
DESCRIPTION OF APPLICANT	DESCRIPTION OF APPLICANT
Born in the U.S., Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Born in the U.S., Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Born Where <u>Massachusetts</u>	Born Where <u>Ontario, Canada</u>
Date of Naturalization <u>n/a</u>	Date of Naturalization <u>[REDACTED]</u>
Male or Female <u>Male</u>	Male or Female <u>Male</u>
Date of birth <u>[REDACTED]</u>	Date of birth <u>[REDACTED]</u>
Height <u>6 ft. 0 in.</u>	Height <u>6 ft. 1 in.</u>
Weight <u>190 lbs</u>	Weight <u>190 lbs</u>
Complexion <u>Light</u>	Complexion <u>Light</u>
Hair <u>Brown</u> Eyes <u>Blue</u>	Hair <u>Brown</u> Eyes <u>Blue</u>
Mother's Name <u>Deborah</u>	Mother's Name <u>Aleksandra</u>
Father's Name <u>Paul</u>	Father's Name <u>Antoni</u>
Wife's Maiden Name <u>n/a</u>	Wife's Maiden Name <u>n/a</u>
Photo <u>1 inch by 1 inch</u>	



The Establishment shall operate as:

☐ Sole Ownership ☐ Partnership ☐ Total Number of Partners ☒ Corporation Based in MA (LLC)

(Once approved, please go to Clerk's Office for Business Certificate)

Corporate Information Required:

President n/a
Secretary _____
Treasurer _____
Name Address Zip

INFORMATION RELATIVE TO APPLICATION

Breakfast

Yes ___ No ☒

Breads, pastries, pizzas, sandwiches,

Lunch

small fresh and fried dishes,

Yes ☒ No ___

coffee, espresso, beer and wine

Dinner

Yes ☒ No ___

Do you own the property? Yes ___ No ☒ Tenant At Will ___ Lease ☒ 7 years

Hours of Operation:

Day Wednesday - Sunday Hours 10am - 8pm

Day _____ Hours _____

Day _____ Hours _____

Floor Space 4,000 Sq. Ft. (includes basement) Seating Capacity (if any) 38

Parking Capacity (if any) n/a spaces Number of Employees 0-1

List Cooking Facilities (and implements)

Convection oven, deep fryer, gas range and oven, salamander, charbroiler

Will a food scale be in use for sale of items to the public? Yes ___ No ☒

Will catering services be provided by you? Yes ___ No ☒

A copy of the following items must be submitted with the application:

1. Layout Plan of Facility & Fixtures
2. Site Plan (obtained at Bldg. Dept., 51 Grove St.)
3. Outside Facade and Sign Plan (dimensions, color)
4. Menu
5. Maintenance Program

If the facilities are not yet completed, provide estimated cost of work to be done \$ 37,000

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Board of Selectmen for approval:

Date _____ Time _____

Board Action: Approved Yes ___ No ___

Justin Demers

594 Somerville Ave #2c
Somerville, MA 02143
(978) 223-8742
justindmrs@gmail.com

APPLICANT'S RESUME

Food Business Experience of Applicant

From	October 2012	to	February 2016
Employee	Clear Flour Bread	D/B/A	
Sole Owner		Location	178 Thorndike St., Brookline MA
Partnership		Type Food	Bakery
Corporation		Number of Employees	30+

From	April 2011	to	October 2012
Employee	Bergamot Restaurant	D/B/A	
Sole Owner		Location	118 Beacon St., Somerville MA
Partnership		Type Food	Fine dining
Corporation		Number of Employees	10 (kitchen staff)

List any other information that you feel will assist in the review of this application.

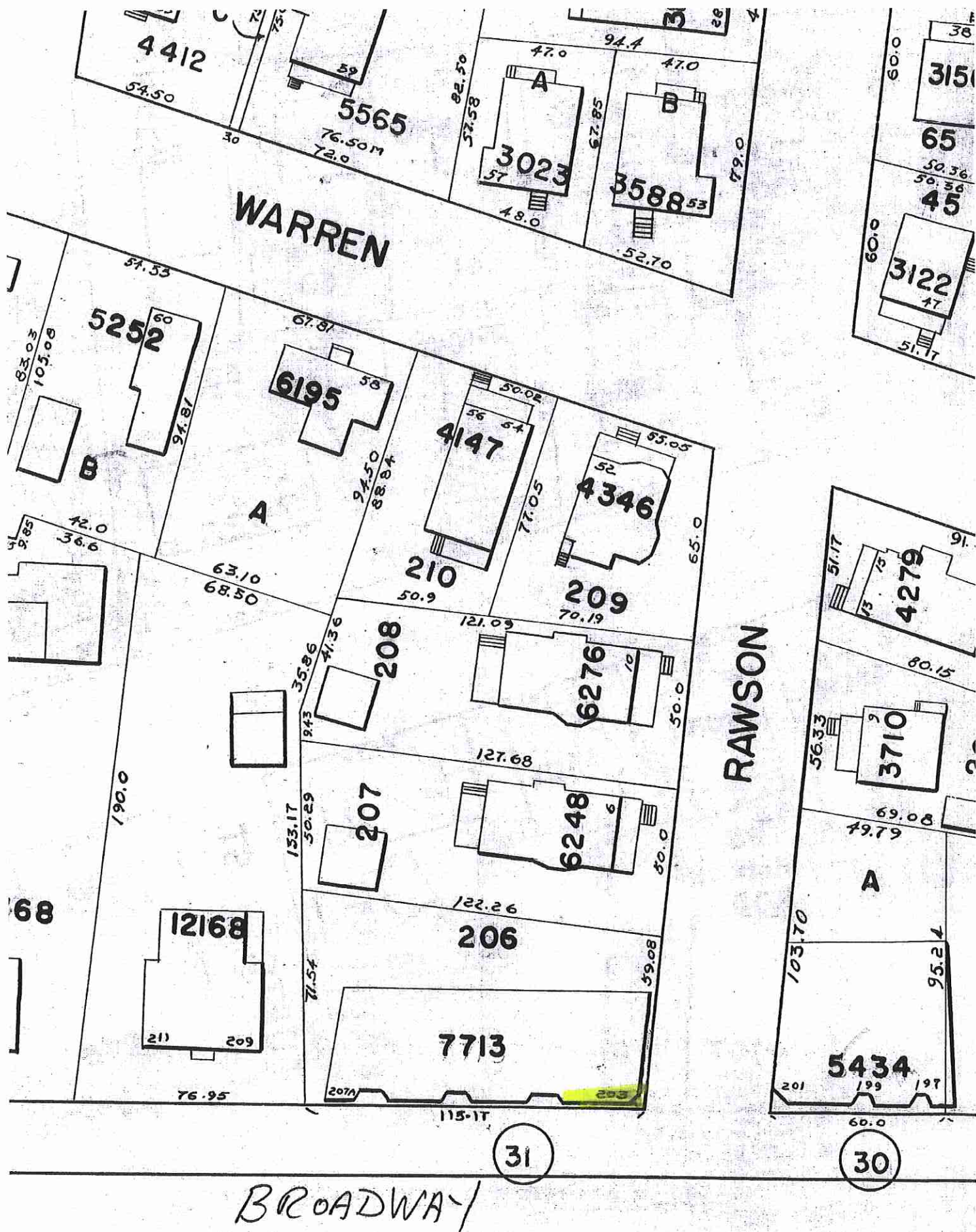
Graduate of Le Cordon Bleu College of Culinary Arts, 215 First St, Cambridge MA
2010-2012

REFERENCES

Bank	Leader Bank	Type Account	Personal	Business	<input checked="" type="checkbox"/>
Address	449 Massachusetts Ave, Arlington	Phone	781-641-0020		
Account Number	[REDACTED]	Contact	Senyo Fianu		
Personal Reference	Megan Langelier				
Address	594 Somerville Ave #2c, Somerville	Phone	603-459-4348		
Prior Employer	Clear Flour Bread				
Address	178 Thorndike St., Brookline MA	Phone	617-739-0060		
Number of years employed	3	From	October 2012	To	February 2016
Contact	Abe Faber	Position Held	Production Manager		
Other					

Name

Address





DIMENSIONS:

2 feet high x 10 feet long

MATERIAL:

PVC board attached to existing metal frame

COLOR:

Dark red / burgundy background; white borders and lettering

LIGHTING & WIRING:

Existing lighting and wiring system

CONSTRUCTION:

The existing sign is a large metal frame bolted to the storefront with two metal plates riveted to the face of the frame, displaying the restaurant name. There will be no structural changes to the existing sign and lighting system; the metal plates displaying the old restaurant name will be replaced with a large PVC board bolted and riveted to the same metal frame and the lighting system that is already there.

ESTIMATED COST:

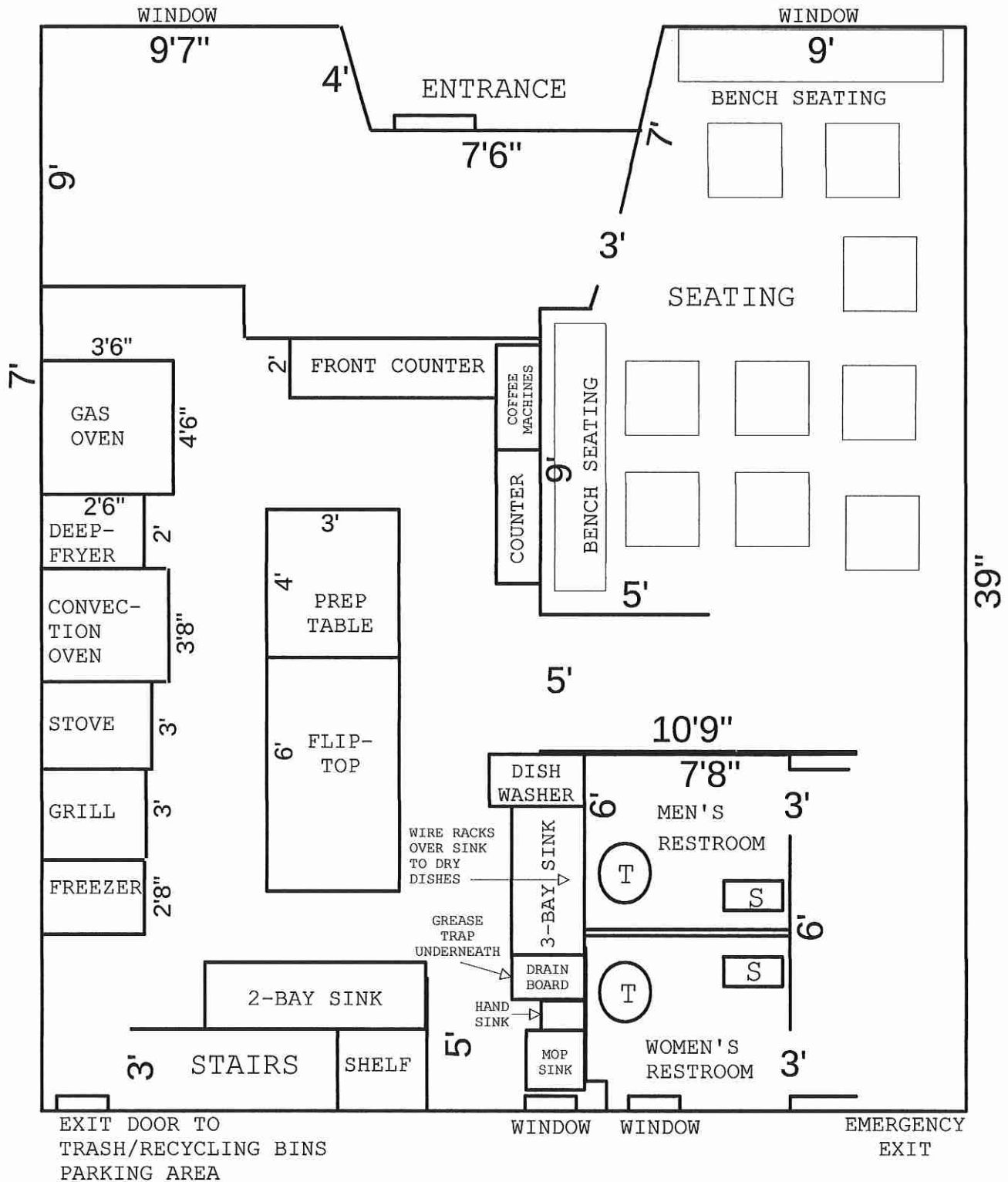
PVC board and paint: \$150.00

STREET

COMMUNE KITCHEN
203A BROADWAY
ARLINGTON, MA 02474

SIDEWALK

GROUND
FLOOR

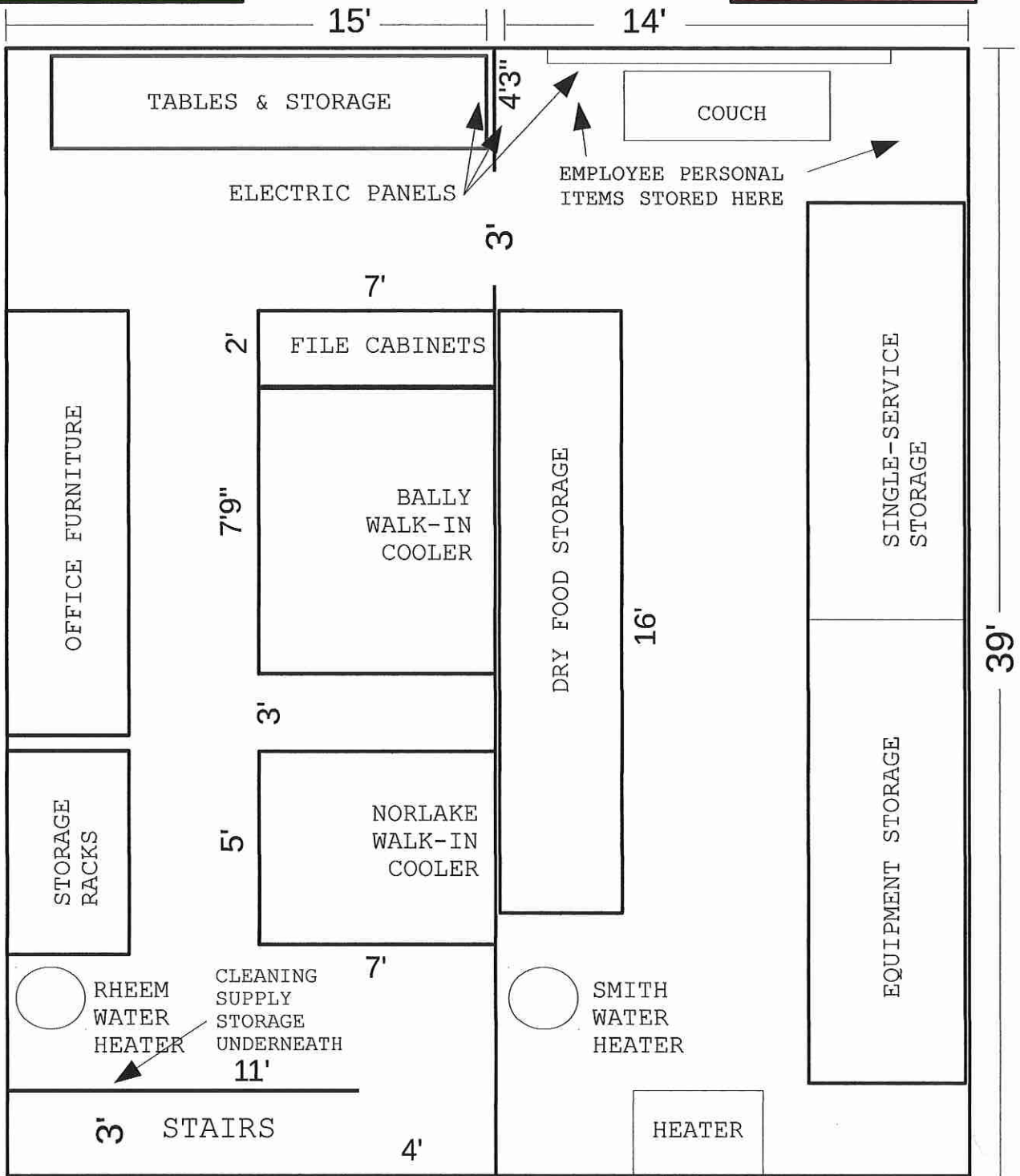


STREET

COMMUNE KITCHEN
203A BROADWAY
ARLINGTON, MA 02474

STOREFRONT

BASEMENT



Maintenance Program

JR Foods LLC
d/b/a Commune Kitchen

Location:

203A Broadway, Arlington MA

ITEMS TO BE MAINTAINED DAILY:

- All food prep, holding, and cooking surfaces will be cleaned and sanitized multiple times
- Deep fryer oil replaced
- Kitchen floors mopped nightly
- All countertops and floors swept and cleaned multiple times each day
- Dining area will be cleaned and dusted throughout the day
- The storefront area, including the sidewalk and storefront windows, will be cleaned
- Walk-in coolers cleaned and maintained
- Bathrooms will be monitored and cleaned throughout the day
- Dry food storage areas swept and cleaned

ITEMS TO BE MAINTAINED WEEKLY:

- Grease trap cleaned every two weeks
- Dry storage areas swept, dusted and cleaned twice each week
- Office area in basement swept and cleaned

ITEMS TO BE MAINTAINED MONTHLY:

- Coffee and espresso machines serviced
- Walk-in coolers serviced every six months
- All kitchen appliances, including convection and pizza oven, freezer, gas range and broiler, and deep fryer, will be checked and serviced every three to four months
- Exhaust hood will be cleaned every four months, or as required by code
- Pest control contacted as needed
- Walls scrubbed every six months

ITEMS TO BE MAINTAINED YEARLY:

- Freezer and refrigerator fans cleaned or replaced
- HVAC system checked

COMMUNE KITCHEN

tartines

half / whole
open-faced, on thick-cut, grilled bread

bacon & egg*

crispy house bacon, fried farm fresh egg,
pimento spread, smoky onion jam,
micro-cilantro

banana nut

house nut butter, grilled banana, spiced
honey, chocolate covered potato chip

bruschetta

melted provolone, house ricotta, oven
roasted tomatoes, fresh basil, garlic
chips, sherry gastrique

porchetta

slow roasted porchetta, sautéed swiss
chard, provolone, garlic & herb aioli,
marinated fennel

charcuterie

liver mousse spread, slice of pâté de
campagne, sea salt, cherry compote

pizzas

8" / 14"

cheese

buffalo mozzarella, sliced tomato, fresh
basil, olive oil

porchetta

slow roasted porchetta, roasted fennel,
fontina, pickled cherry pepper, chili oil,
parsley

black & blue

house-made beef sausage, caramelized
onion, gorgonzola, oregano, arugula

breakfast*

smoked tasso ham, farm fresh egg,
roasted red pepper, avocado, asiago,
green onion

vegetarian

soubise sauce, broccoli rabe, cremini
mushrooms, toasted hazelnuts, lemon
zest, thyme

sides

seasoned house fries

w/ garlic & herb aioli

poutine

house fries w/ cheese curd, gravy, and
green onion

burrata

stewed figs, caramelized walnuts,
prosciutto di parma

small batch breads

rustic loaves

baguettes

bialys

pretzels

add whipped mustard & thyme butter

small batch seasonal pastries

cookies

tarts

croissants

beignets

cannolis

honey roasted nuts

BEFORE PLACING YOUR ORDER, PLEASE INFORM YOUR SERVER IF A PERSON IN YOUR PARTY HAS A FOOD ALLERGY

* THESE ITEMS MAY BE SERVED RAW OR UNDERCOOKED. WARNING: CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH OR EGGS MAY INCREASE YOUR RISK OF FOODBORNE ILLNESS.

COMMUNE KITCHEN

espresso
1 shot 1.75
2 shots 2.50
additional 1.50

latte 4.5
cappuccino 4.5
americano 4

tea
per bag 2.50
latte 4.50

+flavor
caramel .50
vanilla .50
mocha .60
hazelnut .50

+soy 1.00
+house almond 1.00

smoothie
strawberry/over-ripe banana 4.75
wild berry/peach 4.75
add protein 2.00

beer
narragansett (providence) 4.5%/3.75
aeronaut(somerville) 5%/5.75

cider
bantam(somerville) 5%/7.50
citizen (burlington) 6.9%/8.00
downeast(charlestown) 5%/5.50

wine & bubbles
cava (spain) G 5.75//B 27.00
add house orange juice 2.50
lambrusco (italy)- G 8.50//B 30.00

BEFORE PLACING YOUR ORDER, PLEASE INFORM YOUR SERVER IF A PERSON IN YOUR PARTY HAS A FOOD ALLERGY

* THESE ITEMS MAY BE SERVED RAW OR UNDERCOOKED. WARNING: CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH OR EGGS MAY INCREASE YOUR RISK OF FOODBORNE ILLNESS.



Town of Arlington, Massachusetts

For Approval: Common Victualler and All Alcohol Licenses

Summary:

Taeksoo Corp., d/b/a Tryst, 689 Massachusetts Avenue
Sang-Ho Kim, Owner

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	Ref_Mat_4.25.16Tryst.pdf	cv and ABCC applications

LICENSE APPLICATION REPORT

Type of License: Common Victualler and All Alcohol Licenses

Name of Applicant: Sang-Ho Kim d/ba Tryst

Address: 689 Massachusetts Ave.

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- Police x
- Fire x
- Health x
- Building x
- Planning x

The following Departments have **objections** to the issuance of said license:
(see attached)

- Police
- Fire
- Health
- Building
- Planning

ARLINGTON POLICE DEPARTMENT

Frederick Ryan
Chief of Police



POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900

Town of Arlington
MASSACHUSETTS 02474

April 11, 2016

On Monday, April 11, 2016 at 3:30 PM, I called and spoke with Song-Ho Kim regarding this application for a Common Victualler License and all Alcohol for Tryst, located at 689 Mass. Ave. Mr. Kim stated that he is taking over operations of Tryst financially and his son, Taek Kim will be running the day to day. Kim stated that everything is staying the same with the restaurant and it is just a change of ownership.

I advised Mr. Kim that the Board of Selectmen may be conducting C.O.R.I and S.O.R.I checks during the application process.

Pending the checks conducted by the Board of Selectmen's Office, Arlington Police Dept. is not aware of any law enforcement or public safety reasons to object to the Common Victualler License and all Alcohol for Tryst.

Respectfully Submitted,

Detective Edward DeFrancisco

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____

Date: _____

Song-Ho Kim
April 21, 2016

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, **April 20, 2016**
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 689 Mass. Ave.
Applicant's Name: Song-Ho Kim
D/B/A: Tryst
Telephone: Cell: 978 569-3255
Department: Sent Interoffice Mail & E-mail Date: 3/28/16

MEETING DATE: APRIL 25, 2016

Departments:

RE: COMMON VICTUALLER & ALL ALCOHOL

Police

Fire

Board of Health

Building

Planning

Comments by each Division or Department:

See attached

APPLICANT SIGNATURE SECTION:

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Applicant's Signature: _____

Date: _____



Arlington Fire Department Town of Arlington

Administrative Office
411 Massachusetts Ave, Arlington, MA 02474
Phone: (781) 316-3803 Fax: (781) 316-3808
Email: jkelly@town.arlington.ma.us

*John R Kelly
Deputy Fire Chief*

Checklist for mercantile ownership conversion.

- All exit signs and emergency lights must be tested and in good working order
- FACP must have annual test paperwork on hand and be free of trouble and alarm signals
- All extinguishers must be hung with signs and a current inspection tag
- "K." extinguisher mounted and tagged in the kitchen area
- All exits and exit paths must be in proper working order and free from storage
- No storage of excess combustibles allowed inside building or near exit ways
- Hoods must have current inspection/cleaning sticker attached
- Kitchen extinguishing systems must have current inspection tags
- Call for inspection after all has been completed 781-316-3803

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MEETING DATE: APRIL 25, 2016

Departments:

RE: COMMON VICTUALLER & ALL ALCOHOL

Police
Fire
Board of Health
Building
Planning

Comments by each Division or Department:

- *At this time, the applicant has not submitted a Plan Review Application. A Permit to Operate a Food Establishment cannot be considered until the Plan Review Application has been submitted and approved by the Health Department. Upon approval of said plans, one or more pre-operational inspections of the establishment will be conducted to verify compliance with the Food Code. Upon successful pre-operational inspection a Permit to Operate a Food Establishment will be issued to the applicant.*

APPLICANT SIGNATURE SECTION:

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Applicant's Signature: _____

Date: _____

**BOARD OF SELECTMEN
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MEETING DATE: APRIL 25, 2016

Departments:

RE: COMMON VICTUALLER & ALL ALCOHOL

Police
Fire
Board of Health
Building
Planning

Comments by each Division or Department:

Building

All building changes need permits.

All sign changes need approval and sign permit.

Window signs cannot exceed 25% of window or fines will be levied.

Certificate of Occupancy is needed -\$100 fee.

The Director of Inspectional Services has no objection to the issuance/ renewal of this license as the applicant has been made aware of seating capacity and necessity for showing proof of ownership of sidewalk

Plumbing

The Inspector of Plumbing and Gasfitting has no objection to the issuance/ renewal of this license.

All plumbing and Gasfitting work requires that the permits be obtained from this office for their respective trades by licensed contractors.

Electrical

The Inspector Wires has no objection to the issuance/ renewal of this license.

The applicant acknowledges that this is a conditional approval of the premises only and is not to be constructed as approval by the Inspector of Wires of concealed electrical wiring. Any new wiring must conform to the Mass. Electrical Code. Notify the Inspector of Wires in accordance with Chapter 143, Section 3L.

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: Song Ho Kim

Date: April 21, 2016

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, **April 20, 2016**
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Location: 689 Mass. Ave.
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D/B/A: Tryst
Telephone: Cell: 978 569-3255
Department: Sent Interoffice Mail & E-mail Date: 3/28/16

MEETING DATE: APRIL 25, 2016

Departments:

RE: COMMON VICTUALLER & ALL ALCOHOL

ESF 4/20/2016

Police

Fire

Board of Health

Building

Planning

Comments by each Division or Department:

The business proposed for this site is an existing 3,700 square foot restaurant and bar, serving New American cuisine for consumption on the premises nightly from 5pm to 10pm weekdays (Monday through Thursday), 5pm to 11pm on Fridays and 11am to 11pm on weekends (Saturday and Sunday). There is seating for up to ninety-nine (99) patrons and no assigned on-street or off-street parking spaces. It is a medium-sized enterprise situated in a Village Business (B3) zone that serves the Arlington Center business district and adjacent residential neighborhoods. As a relatively high-end eatery it is a complementary land use to other businesses in the immediate area.

The Dept. of Planning and Community Development has no objection to the issuance of a Common Victualler and All Alcohol license as requested.

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: 
Date: 

OFFICE OF THE BOARD OF SELECTMEN

730 Massachusetts Avenue
Town of Arlington
Massachusetts 02476-4908

(781) 316-3020
(781) 316-3029 fax

\$60.00 Filing Fee

APPLICATION

☒ COMMON VICTUALLER LICENSE

☐ FOOD VENDOR LICENSE (Take Out Only)

You must complete an application packet from the Board of Health Department located at 27 Maple St.

You must have the completed application reviewed by the Inspections Department located at 51 Grove St. before filing this application with this office

Location 689 Mass Ave
Name of Applicant Sang-Ho Kim
Corporate Name (if applicable) Taeksoo Corporation
D/B/A Tryst
Date 8/23/2016

I/We hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen may establish. With the signing of this application, the applicant acknowledges that:

(A) it is understood that the Board is not required to grant the license.

(B) no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Board of Selectmen, and, furthermore, any work done is done at the applicant's risk, and

(C) in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Board of Selectmen a thirty day notice of his intention to sell same before such application will be acted upon by the Selectmen.

(D) that the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

Signature Name Sang Ho Kim

Signature Name _____

Phone: 978 569- 3255 Email: taekkim22@gmail.com

Note: (A) If a corporation, state full names and addresses of principal officers.

(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

Name <u>Sang-Ho Kim</u>	Name _____
Address <u>18 Nathan Pratt Drive #306</u>	Address _____
City <u>Concord</u> Zip <u>01742</u>	City _____ Zip _____
DESCRIPTION OF APPLICANT	
Born in the U.S., Yes _____ No <input checked="" type="checkbox"/>	Born in the U.S., Yes _____ No _____
Born Where <u>South Korea</u>	Born Where _____
Date of Naturalization <u>[REDACTED]</u>	Date of Naturalization _____
Male or Female <u>Male</u>	Male or Female _____
Date of birth <u>10/13/59</u>	Date of birth _____
Height <u>5</u> ft. <u>8</u> in.	Height _____ ft. _____ in.
Weight <u>170 lb</u>	Weight _____
Complexion _____	Complexion _____
Hair <u>Black</u> Eyes <u>Brown</u>	Hair _____ Eyes _____
Mother's Name <u>School Lee</u>	Mother's Name _____
Father's Name <u>Kishin Kim</u>	Father's Name _____
Wife's Maiden Name <u>Kim</u>	Wife's Maiden Name _____
Photo <u>1 inch by 1 inch</u>	



=====

The Establishment shall operate as:

☐ Sole Ownership ☐ Partnership ☐ Total Number of Partners ☐ Corporation Based in _____

(Once approved, please go to Clerk's Office for Business Certificate)

=====

Corporate Information Required:

President	<u>SANG HO KIM</u>
Secretary	<u>SANG HO KIM</u>
Treasurer	_____

Name

Address

Zip

18 Nathan Pratt Dr #306
Concord MA 01742

INFORMATION RELATIVE TO APPLICATION

Breakfast Saturday and Sunday Brunch
 Yes ☒ No ☐

Lunch
 Yes ☒ No ☐

Dinner
 Yes ☒ No ☐

Do you own the property? Yes ☐ No ☒ Tenant At Will ☐ Lease 10 years

Hours of Operation:

Day Monday ~ Thursday Hours 5-10PM

Day Friday ~ Saturday Hours 5-11PM

Day Sat ~ Sunday Hours 11 ~ 11PM

Floor Space 3716 Sq. Ft. Seating Capacity (if any) 99

Parking Capacity (if any) On Street spaces Number of Employees 25

List Cooking Facilities (and implements)

On site Commercial kitchen

Will a food scale be in use for sale of items to the public? Yes ☐ No ☒

Will catering services be provided by you? Yes ☒ No ☐

A copy of the following items must be submitted with the application:

1. Layout Plan of Facility & Fixtures
2. Site Plan (obtained at Bldg. Dept., 51 Grove St.)
3. Outside Facade and Sign Plan (dimensions, color)
4. Menu
5. Maintenance Program

If the facilities are not yet completed, provide estimated cost of work to be done \$ _____

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Board of Selectmen for approval:

Date _____ Time _____

Board Action: Approved Yes ☐ No ☐

APPLICANT'S RESUME

Food Business Experience of Applicant

From November 1998 to March 2012
 Employee D/B/A A&A Restaurant
 Sole Owner Location 8 Stiles Road Salem NH 03079
 Partnership Type Food American
 Corporation S&MK INC. Number of Employees 5

From July 2011 to Current
 Employee D/B/A Blue Coyote Grill
 Sole Owner Location 137 Main Street Maynard MA 01754
 Partnership Type Food American
 Corporation Sehan Corporation Number of Employees 15

List any other information that you feel will assist in the review of this application.

Owned a restaurant in South Korea known as Skyland.
from 1994 to 1998

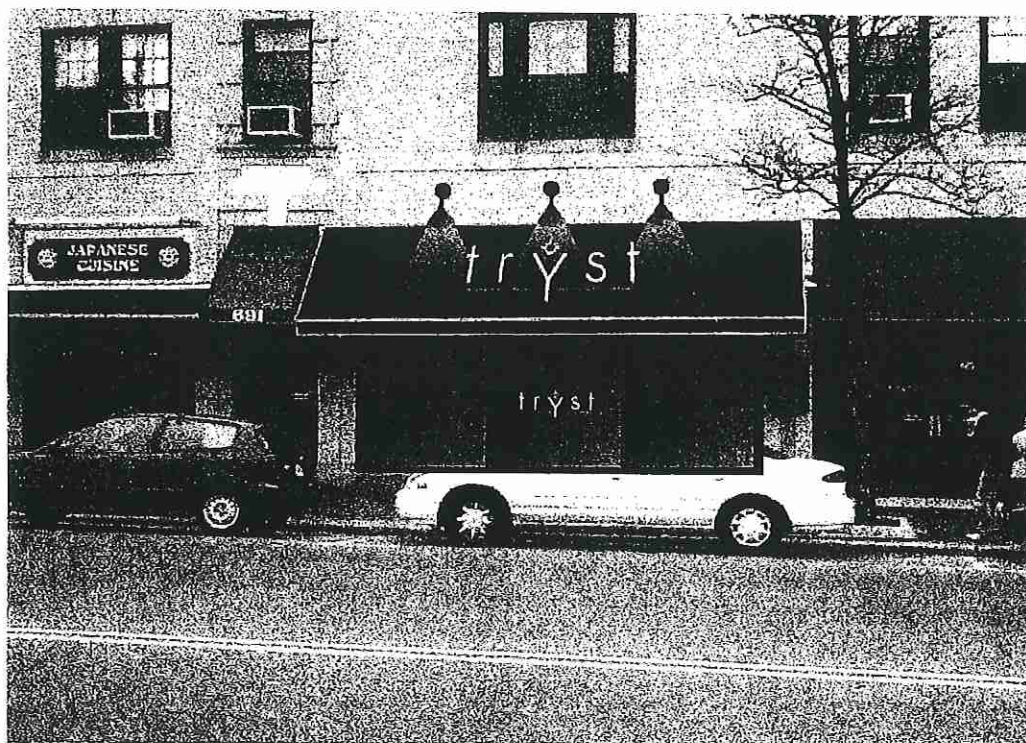
REFERENCES

Bank Bank of America Type Account Personal Business ☒
 Address 25 Nason St Maynard MA Phone 978-897-4711
 Account Number [REDACTED] Contact [REDACTED]
 Personal Reference Yang Kim
 Address 131 Coolidge Ave Watertown MA 02472 Phone (617) 924-3900
 Prior Employer N/A, Been an owner since 1994. Worked at Binggrae in Korea
 Address [REDACTED] Phone [REDACTED] From 1985-1994
 Number of years employed [REDACTED] From [REDACTED] To [REDACTED]
 Contact [REDACTED] Position Held Sales & marketing
 Other [REDACTED]

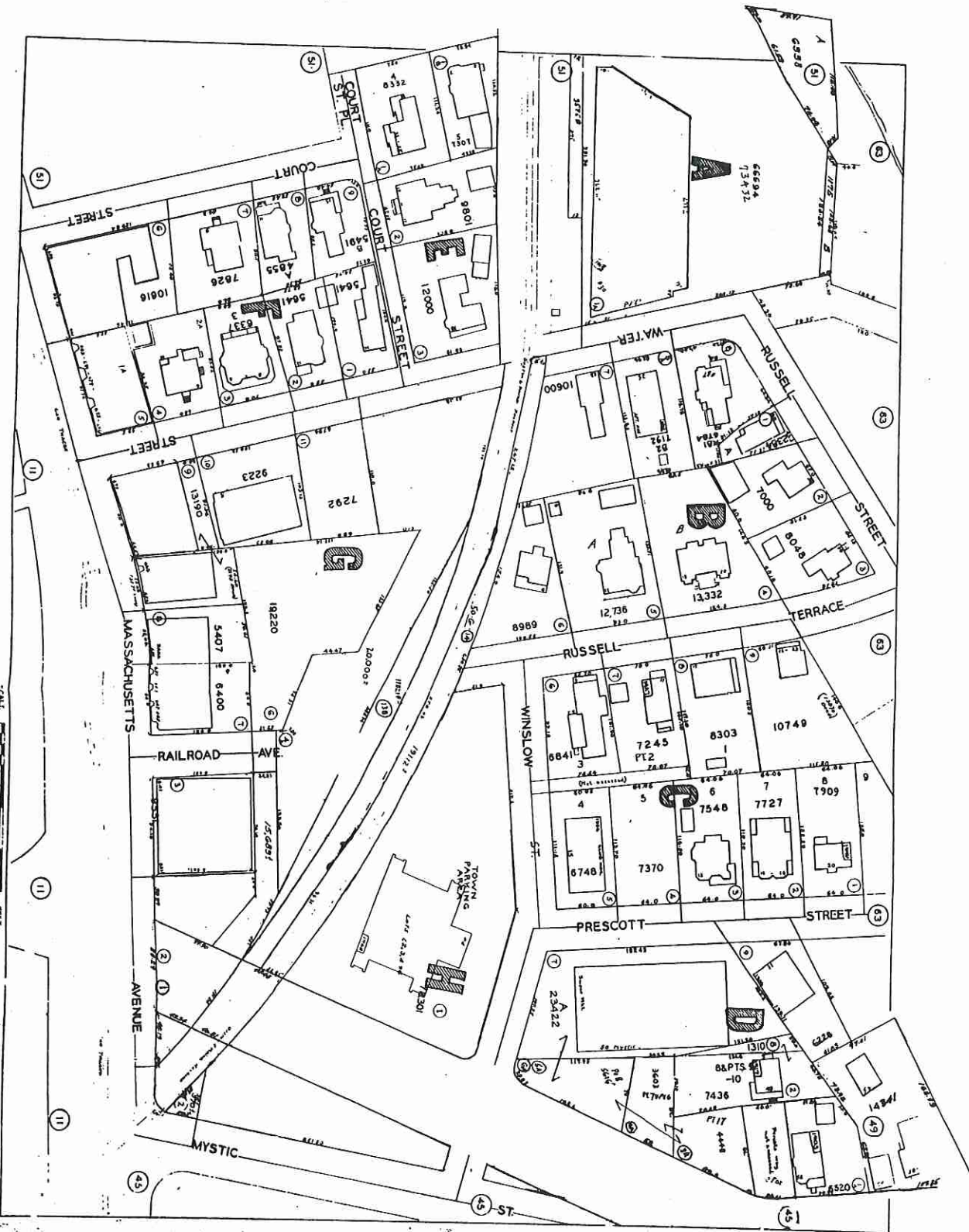
Name

Address

Attn
Sandy

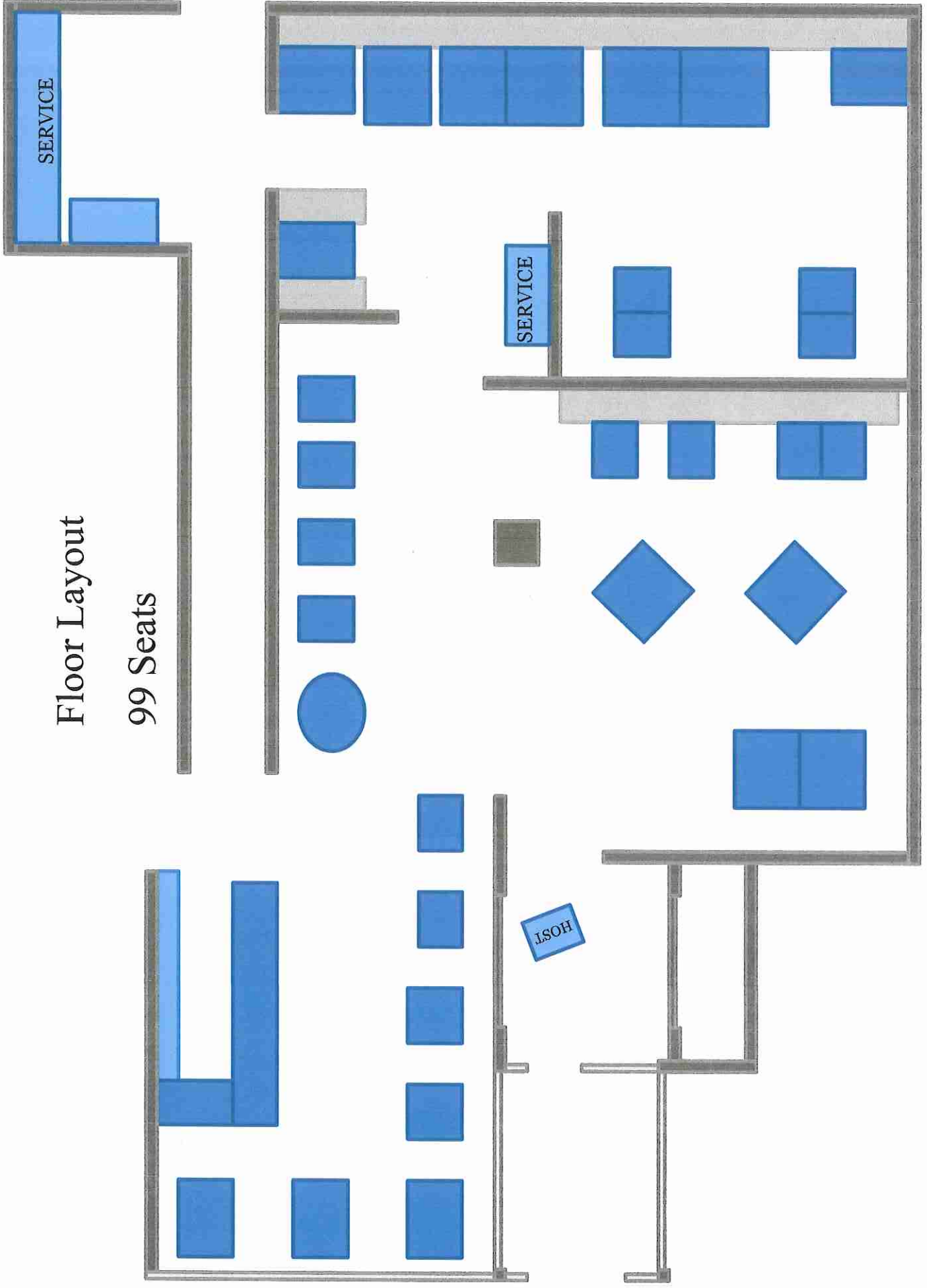


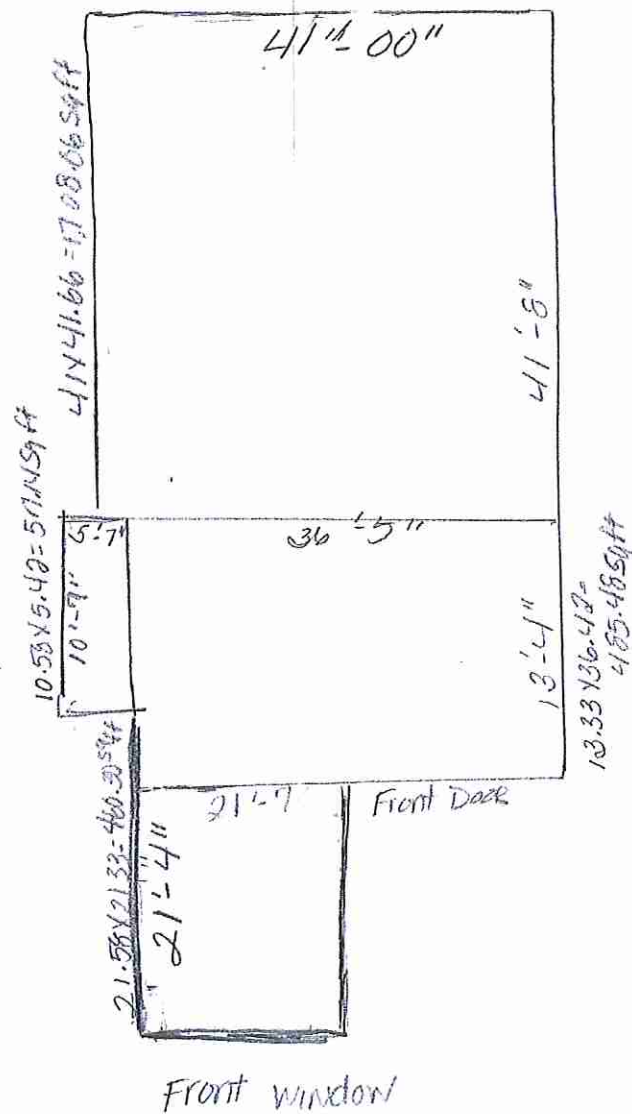
SCALE: 1" = 20' 0"



Floor Layout

99 Seats





99 SEAS

TRYST RESTAURANT

689 MASS AVE

ARLINGTON, MA 02476

Maintenance Program

Kitchen Staff- Cleans Restaurant Daily

Pestex- Pest Control Company-Monthly or as needed

HVAC-Mike Pisco-Quarterly

J&J Tech-Hood Cleaning -Every 6 Months

D&S Filter-Every 2 Weeks

Lenox Martel-As needed

Barry Brothers-Dumpster Pick-UP-Twice a Week

BRUNCH MENU

STARTERS

- | | |
|--|--|
| Berry Parfait 6.
house-made granola & yogurt | Caesar Salad 10.
white anchovy, frico,
rye crumbs |
| Shrimp Taco 6. ea
avocado, red onion & aji crema | Mixed Lettuce Salad 9.
crisp veggies, toasted sesame,
Meyer lemon vinaigrette |
| Kale & Brussels Sprouts Salad 12.
toasted hazelnuts,
parmesan, Verjus vinaigrette | *add to any salad- Chicken 8.
Salmon 12. Shrimp 8. |

COCKTAILS

- | | |
|--|---|
| TRYST Bloody Mary 11.
with habanero infused
vodka | Bellini 9.
Peach Schnapps, peach,
sparkling wine |
| Mimosa 9.
Cointreau, orange,
sparkling wine | Non -Alcoholic
Mixed Berry Mojito 6.
mixed berries, mint, lime |
| Honey Belle 11.
Belle de Brillet, Hendricks
gin, honey, lime, topped
with Prosecco | Non- Alcoholic
Basil Cucumber Limonata 6.
basil, cucumber, citrus |

EXTRAS

- | | |
|--|-------------------------|
| Bacon 4. | French Toast 6. |
| Chipotle Bacon 5. | Hash 9. |
| English Muffin, Toast or
Bagel 2. | Truffle Fries 7. |
| Brunch Potatoes 4. | Berries 6. |
| Buttermilk Pancakes 6. | Maple Sausage 4. |

LARGER PLATES

- Brown Sugar Baked French Toast 11.**
citrus marmalade
- Buttermilk Blueberry Pancakes 11.**
- *Eggs Benedict 15.**
Canadian Bacon or House Cured Salmon
griddled English Muffin, 2 poached eggs,
crispy potatoes, greens & hollandaise
- *Fish Tacos 13.**
- Wild Mushroom Omelet 11.**
spinach, sharp cheddar, caramelized
onions, truffle oil, crispy potatoes, greens
- Western Omelet 12.**
house smoked ham, peppers, onions,
Jack cheese, crispy potatoes & greens
- House Corned Beef Hash 14.**
2 eggs any style
- *Steak & Eggs 18.**
hollandaise, crispy potatoes & greens
- Al Pastor Pork Tostada 13.**
2 fried eggs, refried beans, guacamole,
Jack cheese, crispy tortillas & spicy tomato
sauce
- * Egg Whites Available**

BURGERS & SANDWICHES

- Roasted Chicken Sandwich 14.**
chipotle bacon, sharp cheddar, arugula, tomato, ranch,
greens, chips & pickles
- Pork Spucky 14.**
slow roasted pork shoulder, soppressata, provolone,
spicy fennel relish
- *Tryst Angus Sirloin Burger 14.**
cheddar, house made pickles
hand-cut fries or greens
- *The Ultimate Burger 16.**
sunny side egg, chipotle bacon, onion strings, sharp
cheddar
- substitute truffle fries on any sandwich 3.**

*CONSUMER ADVISORY: THESE ITEMS MAY BE SERVED RAW OR UNDERCOOKED. CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH OR EGGS MAY INCREASE YOUR RISK OF FOOD BORNE ILLNESS.

BEFORE PLACING YOUR ORDER, PLEASE INFORM YOUR SERVER IF A PERSON IN YOUR PARTY HAS A FOOD ALLERGY.

tryst

DINNER MENU

STARTERS

Shrimp Taco 6. ea
avocado, red onion &
aji crema

Cheeses/2 accompaniments 10.

Kale & Brussels Sprouts Salad 12.
toasted hazelnuts, parmesan,
Verjus vinaigrette

Chips & Guacamole 10.

Crispy Calamari 12.
b & b pickles, red onion,
spicy pepper aioli

Caesar Salad 10.
white anchovy, frico, rye crumbs

Sausage & Rabe Flatbread 14.

Hot Dates 8.
bleu cheese stuffed Medjool
dates, crispy bacon, spicy honey

house-made chicken sausage,
herbed ricotta, rabe &
roasted tomatoes

Mixed Lettuce Salad 9.
crisp veggies, toasted sesame,
Meyer lemon vinaigrette

Marinated Olives 4.

Shrimp & Grits 13.
house made tasso, creole butter,
pepper sofrito

**add to any salad*
chicken 8. salmon 12.
shrimp 8. steak 12.

Tomato, Basil & Mozzarella
Flatbread 11.

LARGER PLATES

Potato Gnocchi 15.
shaved asparagus, sweet peas, mint,
lemon & parmesan gremolata

Roasted Bell & Evans Chicken 20.
parmesan risotto, slow roasted chunky
tomatoes, basil & arugula

***Steak Frites 26.**
grilled flat iron, roasted kale, truffle fries,
French onion butter

Pig Under a Brick 22.
sage scented sweet potato, collards,
fruit mostarda

***Long Island Duck Breast 25.**
wild mushroom & barley fried rice,
ginger tamari glaze

***Everything Crusted Salmon 25.**
horseradish potatoes, braised cabbage,
tarragon aioli

Tagliatelle Bolognese 19.
veal, pork & beef, mascarpone & parmesan

EXTRAS

Roasted Kale 6.
raisins, quinoa crunch,
yogurt

Roasted Asparagus 6.
miso butter, crispy onions

Truffle Fries 7.
garlic aioli, ketchup

Slow Cooked Collards 6.

Potato Puree 6.

Broccoli Rabe 6.
toasted garlic, chili flakes

Parmesan Risotto 6.

BURGERS & SANDWICHES

Pork Spucky 14.
slow roasted pork shoulder, soppressata, provolone,
spicy fennel relish

Roasted Cauliflower & Portabello Sandwich 13.
grilled onions, house boursin, chimichurri

Roasted Chicken Sandwich 14.
chipotle bacon, sharp cheddar, tomato, arugula, ranch

***Cheddar Burger 14.**
cheddar, house made pickles

***The Ultimate Burger 16.**
sunny side egg, chipotle bacon, onion strings,
sharp cheddar

all sandwiches served with hand-cut fries or greens
substitute truffle fries 3.

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Arlington

1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual) Taeksoo Corporation

B. Business Name (if different) : Tryst

C. Manager of Record: Sang-Ho Kim

D. ABCC License Number (for existing licenses only) : 003000066

E. Address of Licensed Premises: 689 Massachusetts Avenue

City/Town: Arlington

State: MA

Zip: 02476

F. Business Phone: (781) 641-2227

G. Cell Phone: (978) 569-3256

H. Email: sangkim1013@yahoo.com

I. Website: trystrestaurant.com

J. Mailing address (If different from E.):

City/Town:

State:

Zip:

2. TRANSACTION:

- ☐ New License ☐ New Officer/Director ☐ Transfer of Stock ☐ Issuance of Stock ☐ Pledge of Stock
☒ Transfer of License ☐ New Stockholder ☐ Management/Operating Agreement ☐ Pledge of License

The following transactions must be processed as new licenses:

- ☐ Seasonal to Annual ☐ (6) Day to (7)-Day License ☐ Wine & Malt to All Alcohol

IMPORTANT ATTACHMENTS (1): The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

3. TYPE OF LICENSE:

- ☒ \$12 Restaurant ☐ \$12 Hotel ☐ \$12 Club ☐ \$12 Veterans Club ☐ \$12 Continuing Care Retirement Community
☐ \$12 General On-Premises ☐ \$12 Tavern (No Sundays) ☐ \$15 Package Store

4. LICENSE CATEGORY:

- ☒ All Alcoholic Beverages ☐ Wines & Malt Beverages ☐ Wines ☐ Malt
☐ Wine & Malt Beverages with Cordials/Liqueurs Permit

5. LICENSE CLASS:

- ☒ Annual ☐ Seasonal

6. CONTACT PERSON CONCERNING THIS APPLICATION (ATTORNEY IF APPLICABLE)

NAME: Sang-Ho Kim

ADDRESS: 18 Nathan Pratt Drive Unit 306

CITY/TOWN: Concord STATE: MA ZIP CODE: 01742

CONTACT PHONE NUMBER: (978) 569-3256 FAX NUMBER:

EMAIL: sangkim1013@yahoo.com

7. DESCRIPTION OF PREMISES:

Please provide a complete description of the premises. Please note that this must be identical to the description on the Form 43. **Your description MUST include: number of floors, number of rooms on each floor, any outdoor areas to be included in licensed area, and total square footage.** i.e.: "Three story building, first floor to be licensed, 3 rooms, 1 entrance 2 exits (3200 sq ft); outdoor patio (1200 sq ft); Basement for storage (1200 sq ft). Total sq ft = 5600."

Two Story building, first floor to be licensed, 1 dining room, bar and loung, basement for storage, kitchen, 1 entrance, 3 exits (3716 sq ft), 99 seating capacity.

Total Square Footage: 3716 Number of Entrances: 1 Number of Exits: 3

Occupancy Number: 99 Seating Capacity: 99

IMPORTANT ATTACHMENTS (2): The applicant must attach a floor plan with dimensions and square footage for each floor & room.

8. OCCUPANCY OF PREMISES:

By what right does the applicant have possession and/or legal occupancy of the premises? Final Lease

IMPORTANT ATTACHMENTS (3): The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Other:

Landlord is a(n): Please Select Other: Limited Partnership

Name: Andre (Mass. Ave.) Limited Partnership Phone: (818) 445-4477

Address: P.O. BOX 11535 City/Town: Glendale State: CA Zip: 91208

Initial Lease Term: Beginning Date 07/01/2016 Ending Date 07/01/2026

Renewal Term: 2 Five Yr Option extension Options/Extensions at: 5 Years Each

Rent: 105324.96 Per Year Rent: 8777.08 Per Month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?
Yes ☐ No ☒

If Yes, Landlord Entity must be listed in Question # 10 of this application.

If the principals of the applicant corporation or LLC have created a separate corporation or LLC to hold the real estate, the applicant must still provide a lease between the two entities.

9. LICENSE STRUCTURE:

The Applicant is a(n):

Corporation

Other :

If the applicant is a Corporation or LLC, complete the following:

Date of Incorporation/Organization:

02/28/2016

State of Incorporation/Organization: Massachusetts

Is the Corporation publicly traded? Yes ☐ No ☒**10. INTERESTS IN THIS LICENSE:**

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license.

IMPORTANT ATTACHMENTS (4):A. All individuals or entities listed below are required to complete a [Personal Information Form](#). ✓B. All shareholders, LLC members or other individuals with any ownership in this license must complete a [CORI Release Form](#) (unless they are a landlord entity) ✓

Name	All Titles and Positions	Specific % Owned	Other Beneficial Interest
Sang-Ho Kim	President	100%	
	Treasurer		
	Secretary		
	CEO		
	Director		

*If additional space is needed, please use last page.

11. EXISTING INTEREST IN OTHER LICENSES:

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☒ No ☐ If yes, list said interest below:

Name	License Type	Licensee Name & Address
Sang-Ho Kim	\$12 Restaurant	Sehoon Corporation 137 Main Street Maynard MA 01754
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	

*If additional space is needed, please use last page.

12. PREVIOUSLY HELD INTERESTS IN OTHER LICENSES:

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☒ If yes, list said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
			Please Select
			Please Select
			Please Select

13. DISCLOSURE OF LICENSE DISCIPLINARY ACTION:

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes ☐ No ☒ If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation

14. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR A (§15) PACKAGE STORE LICENSE ONLY :**A.) For Individual(s):**

1. Are you a U.S. Citizen? Yes ☐ No ☐
2. Are you a Massachusetts Residents? Yes ☐ No ☐

B.) For Corporation(s) and LLC(s) :

1. Are all Directors/LLC Managers U.S. Citizens? Yes ☐ No ☐
2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes ☐ No ☐
3. Is the License Manager a U.S. Citizen? Yes ☐ No ☐

C.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Individual(s), Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes ☐ No ☐

15. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR (§12) RESTAURANT, HOTEL, CLUB, GENERAL ON PREMISE, TAVERN, VETERANS CLUB LICENSE ONLY:**A.) For Individual(s):**

1. Are you a U.S. Citizen? Yes ☒ No ☐

B.) For Corporation(s) and LLC(s) :

1. Are a majority of Directors/LLC Managers **NOT** U.S. Citizen(s)? Yes ☐ No ☒
2. Is the License Manager or Principal Representative a U.S. Citizen? Yes ☒ No ☐

C.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Individual(s), Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes ☒ No ☐

16. COSTS ASSOCIATED WITH LICENSE TRANSACTION:

A. Purchase Price for Real Property: 0

B. Purchase Price for Business Assets: 265,000

C. Costs of Renovations/Construction: 0

D. Initial Start-Up Costs: 0

E. Purchase Price for Inventory: TBD

F. Other: (Specify) 0

G: TOTAL COST 265,000

H. TOTAL CASH 150,000

I. TOTAL AMOUNT FINANCED 115,000

IMPORTANT ATTACHMENTS (5): Any individual, LLC, corporate entity, etc. providing funds of \$50,000 or greater towards this transaction, must provide proof of the source of said funds. Proof may consist of three consecutive months of bank statements with a minimum balance of the amount described, a letter from your financial institution stating there are sufficient funds to cover the amount described, loan documentation, or other documentation.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

17. PROVIDE A DETAILED EXPLANATION OF THE FORM(S) AND SOURCE(S) OF FUNDING FOR THE COSTS IDENTIFIED ABOVE (INCLUDE LOANS, MORTGAGES, LINES OF CREDIT, NOTES, PERSONAL FUNDS, GIFTS):

\$50,000 Cash.
\$100,000 loan from Salem Five Bank.
\$115,000 Owner's Finance. Balance paid within 60 months. Payment of \$1465 a month or more per month for 60 months.

*If additional space is needed, please use last page.

18. LIST EACH LENDER AND LOAN AMOUNT(S) FROM WHICH "TOTAL AMOUNT FINANCED" NOTED IN SUB-SECTIONS 16(I) WILL DERIVE:

A.

Name	Dollar Amount	Type of Financing
Salem Five Bank	\$100,000	Term Loan

*If additional space is needed, please use last page.

B. Does any individual or entity listed in §17 or §18 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes ☐ No ☒

If yes, please describe:

19. PLEDGE: (i.e. COLLATERAL FOR A LOAN)

A.) Is the applicant seeking approval to pledge the license? ☐ Yes ☒ No

1. If yes, to whom:

2. Amount of Loan: 3. Interest Rate: 4. Length of Note:

5. Terms of Loan :

B.) If a corporation, is the applicant seeking approval to pledge any of the corporate stock? ☐ Yes ☐ No

1. If yes, to whom:

2. Number of Shares:

C.) Is the applicant pledging the inventory? ☐ Yes ☐ No

If yes, to whom:

IMPORTANT ATTACHMENTS (6): If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

20. CONSTRUCTION OF PREMISES:

Are the premises being remodeled, redecorated or constructed in any way? If YES, please provide a description of the work being performed on the premises: ☐ Yes ☒ No

21. ANTICIPATED OPENING DATE:

**IF ALL OF THE INFORMATION AND
ATTACHMENTS ARE NOT COMPLETE
THE APPLICATION WILL BE
RETURNED**



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form,
and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee: Taeksoo Corporation Business Name (dba): Tryst
Address: 689 Massachusetts Avenue
City/Town: Arlington State: MA Zip Code: 02476
ABCC License Number: 003000066 Phone Number of Premise: (781) 641-2227
(If existing licensee)

2. MANAGER INFORMATION:

A. Name: Sang-Ho Kim B. Cell Phone Number: (978) 569-3256
C. List the number of hours per week you will spend on the licensed premises: 40 to 90 hours

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes ☒ No ☐ B. Date of Naturalization: [REDACTED] C. Court of Naturalization: Boston

(Submit proof of citizenship and/or naturalization such as US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest
in a license to sell alcoholic beverages? Yes ☒ No ☐

If yes, please describe: Blue Coyote Grille 137 Main Street Maynard MA 01754 License #067600010

B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that
has been suspended, revoked or cancelled? Yes ☐ No ☒

If yes, please describe:

C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes ☒ No ☐

If yes, please describe: Blue Coyote Grille 137 Main Street Maynard MA 01754 License #067600010

D. List your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

Owner of A&A Resturant in Salem NH 03079 from 1998 to 2011. Owner of Blue Coyote Grille in Maynard MA 01754 from 2011 to Current.

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

Sang Ho Kim

Date

March 23 2016



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee Taeksoo Corporation

B. Business Name (dba) Tryst

C. Address 689 Massachusetts Avenue

D. ABCC License Number (If existing licensee) 003000066

E. City/Town Arlington

State MA

Zip Code 02476

F. Phone Number of Premise (781) 641-2227

G. EIN of License

2. PERSONAL INFORMATION:

A. Individual Name Sang-Ho Kim

B. Home Phone Number (978) 569-3256

C. Address 18 Nathan Pratt Drive Unit 306

D. City/Town Concord

State MA

Zip Code 01742

E. Social Security Number

F. Date of Birth

G. Place of Employment Blue Coyote Grille, Owner, 137 Main Street Maynard MA 01754

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime?

Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license (i.e. percentage ownership).

Taeksoo Corporation has a 100% financial ownership interest in the license.

Taeksoo Corporation is in the restaurant business and accordingly seeks approval of the liquor license.

*If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

Sang Ho Kim

Date

March 23 2016

Title

President

(If Corporation/LLC Representative)



Town of Arlington, Massachusetts

For Approval: Wine & Malt License

Summary:

Mashed LLC, d/b/a OTTO, 202 Massachusetts Avenue
Anthony W. Allen & Michael P. Keon, Co-owners

ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Ref_Mat_4.25.16_OTTO.pdf	ABCC wine & malt application

LICENSE APPLICATION REPORT

Type of License: Wine & Malt License

Please Note: CV was approved at the 4/11/16 Meeting.

Name of Applicant: Anthony W. Allen & Michael P. Keon d/ba OTTO

Address: 202 Massachusetts Ave.

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- Police x
- Fire x
- Health x
- Building x
- Planning x

The following Departments have **objections** to the issuance of said license:
(see attached)

- Police
- Fire
- Health
- Building
- Planning

ARLINGTON POLICE DEPARTMENT

Frederick Ryan
Chief of Police



POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900

Town of Arlington
MASSACHUSETTS 02474

March 4, 2016

On Wednesday, March 2, 2016 at 12:00 PM, I called and spoke with Anthony Allen regarding this application for a Common Victualler License and Wine/Malt License for the Otto Pizza, located at 202 Mass. Ave. Mr. Allen stated that this was going to be the 12th Otto Pizza they would be opening. Allen stated that he and his partner, Michael Keon own 6 shops in NH and 5 in MA. Allen stated that they will open the restaurant and hire general managers to run the day to day operations.

I advised Mr. Allen that the Board of Selectmen may be conducting C.O.R.I and S.O.R.I checks during the application process.

Pending the checks conducted by the Board of Selectmen's Office, Arlington Police Dept. is not aware of any law enforcement or public safety reasons to object to the Common Victualler/Wine & Malt License for the Otto Pizza .

Respectfully Submitted,

Detective Edward DeFrancisco

APPLICANT SIGNATURE SECTION:

APPLICANT'S SIGNATURE _____

DATE: 3/16/2016

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, **March 16, 2016**
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 202 Massachusetts Ave.
Applicant's Name: Anthony W. Allen & Michael P. Keon
D/B/A: OTTO d/b/a Mashed, LLC
Telephone: Anthony Allen 978 500-9993; Michael Keon 978 886-8178
Department: Sent Via E-mail Date: 2/19/16

MEETING DATE: FEBRUARY 21, 2016

Inspected By:

RE: COMMON VICTUALLER LICENSE and WINE & MALT

Police
Fire
Board of Health
Building
Planning

INSPECTION REPORT SECTION:

To date, the applicant has not submitted a Plan Review Application. A Permit to Operate a Food Establishment cannot be considered until the Plan Review Application has been submitted and approved by the Health Department. Upon approval of said plans, one or more pre-operational inspections of the establishment will be conducted to verify compliance with the Food Code. Upon successful pre-operational inspection a Permit to Operate a Food Establishment will be issued to the applicant.

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____

Date: 3/16/2016

**BOARD OF SELECTMEN
TOWN OF ARLINGTON – INSPECTION REPORT**

Report is due at the office of the Board of Selectmen by, **March 16, 2016**
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 202 Massachusetts Ave.
Applicants Name: Anthony W. Allen & Michael P. Keon
D/B/A: OTTA d/b/a/Mashed, LLC
Telephone: Anthony Allen 978 500-9993; Michael Keon 978 886-8178
Department: Sent E-mail Date: 3/16/2016

MEETING DATE: MARCH 21, 2016

Inspected By:

RE: COMMON VICTUALLER LICENSE and WINE & MALT

Police
Fire
Board of Health
Building, Wiring, Plumbing
Planning

INSPECTION REPORT SECTION:

Building

All building changes need permits.
All sign changes need approval and sign permit.
Window signs cannot exceed 25% of window or fines will be levied.
Certificate of Occupancy is needed - \$100 fee.
The Director of Inspectional Services has no objection to the issuance/ renewal of this license as the applicant has been made aware of seating capacity and necessity for showing proof of ownership of sidewalk

Plumbing

The Inspector of Plumbing and Gasfitting has no objection to the issuance/ renewal of this license.
All plumbing and Gasfitting work requires that the permits be obtained from this office for their respective trades by licensed contractors.

Electrical

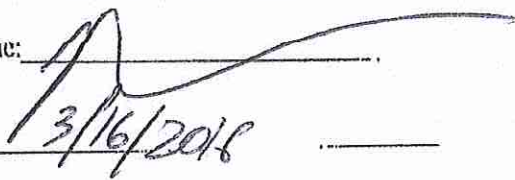
The Inspector Wires has no objection to the issuance/ renewal of this license.
The applicant acknowledges that this is a conditional approval of the premises only and is not to be constructed as approval by the Inspector of Wires of concealed electrical wiring. Any new wiring must conform to the Mass. Electrical Code. Notify the Inspector of Wires in accordance with Chapter 143, Section 31.

APPLICANT SIGNATURE SECTION:

I have received the above report and knowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicants risk.

Applicant's Name: _____

Date: _____


3/16/2016

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, **March 16, 2016**
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 202 Massachusetts Ave.
Applicant's Name: Anthony W. Allen & Michael P. Keon
D/B/A: OTTO d/b/a Mashed, LLC
Telephone: Anthony Allen 978 500-9993; Michael Keon 978 886-8178
Department: Sent Via E-mail Date: 2/19/16

MEETING DATE: MARCH 21, 2016

Inspected By: *Ted Fields 3.15.2016*

RE: COMMON VICTUALLER LICENSE and WINE & MALT

Police
Fire
Board of Health
Building
Planning

INSPECTION REPORT SECTION:

The business proposed for this site is a 1700 square foot pizza restaurant selling artisanal pizza and salads for consumption on and off the premises from 11am to 11pm weekdays (Sunday through Thursday) and 11am – 12am on weekends (Friday & Saturday). There is seating for up to nineteen (19) patrons and no assigned on-street or off-street parking spaces. It is a small enterprise serving the Capital Theatre and residential neighborhoods around the Capital Square business district (B3 zone). It is an appropriate type of business for its location on Massachusetts Avenue in the midst of a village commercial center.

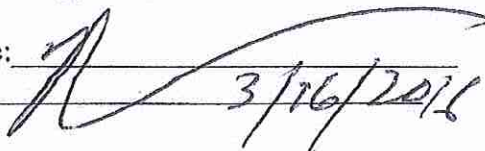
The Dept. of Planning and Community Development has no objection to the issuance of a Common Victualler license as requested.

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____

Date: _____


3/16/2016

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, March 16, 2016
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 202 Massachusetts Ave.
Applicant's Name: Anthony W. Allen & Michael P. Keon
D/B/A: OTTO d/b/a Mashed, LLC
Telephone: Anthony Allen 978 500-9993; Michael Keon 978 886-8178
Department: Sent Via E-mail Date: 2/19/16

MEETING DATE: FEBRUARY 21, 2016

Inspected By:

RE: COMMON VICTUALLER LICENSE and WINE & MALT

Police

Fire

Board of Health

Building

Planning

INSPECTION REPORT SECTION:

All fire protection must be inspected. All extinguishers must have annual inspection tag. Must have "K" extinguisher for kitchen area. All emergency lights and exit signs must be in working order. All exits must remain clear. Combustibles are not to be stored inside building.

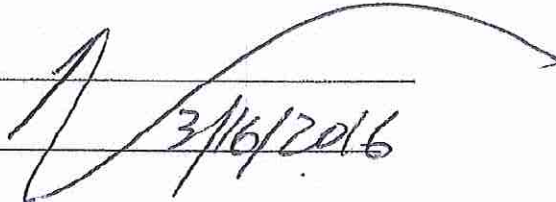
(SRP)

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____

Date: _____


3/16/2016

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Arlington

RECEIVED
SELECTMEN'S OFFICE
ARLINGTON, MA. 02174

FEB 23 8 52 AM 16

1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant: (Corporation, LLC or Individual)

B. Business Name (if different) : C. Manager of Record:

D. ABCC License Number (for existing licenses only) :

E. Address of Licensed Premises: City/Town: State: Zip:

F. Business Phone: G. Cell Phone:

H. Email: I. Website:

J. Mailing address (if different from E.): City/Town: State: Zip:

2. TRANSACTION:

- ☒ New License ☐ New Officer/Director ☐ Transfer of Stock ☐ Issuance of Stock ☐ Pledge of Stock
☐ Transfer of License ☐ New Stockholder ☐ Management/Operating Agreement ☐ Pledge of License

The following transactions must be processed as new licenses:

- ☐ Seasonal to Annual ☐ (6) Day to (7)-Day License ☐ Wine & Malt to All Alcohol

IMPORTANT ATTACHMENTS (1): The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

3. TYPE OF LICENSE:

- ☒ \$12 Restaurant ☐ \$12 Hotel ☐ \$12 Club ☐ \$12 Veterans Club ☐ \$12 Continuing Care Retirement Community
☐ \$12 General On-Premises ☐ \$12 Tavern (No Sundays) ☐ \$15 Package Store

4. LICENSE CATEGORY:

- ☐ All Alcoholic Beverages ☒ Wines & Malt Beverages ☐ Wines ☐ Malt
☐ Wine & Malt Beverages with Cordials/Liqueurs Permit

5. LICENSE CLASS:

- ☒ Annual ☐ Seasonal

6. CONTACT PERSON CONCERNING THIS APPLICATION (ATTORNEY IF APPLICABLE)

NAME: Anthony Allen

ADDRESS: 2 Stanley Avenue

CITY/TOWN: Newburyport STATE: Ma ZIP CODE: 01950

CONTACT PHONE NUMBER: 978-500-9993 FAX NUMBER:

EMAIL: anthony@ottoportland.com

7. DESCRIPTION OF PREMISES:

Please provide a complete description of the premises. Please note that this must be identical to the description on the Form 43. **Your description MUST include: number of floors, number of rooms on each floor, any outdoor areas to be included in licensed area, and total square footage.** i.e.: "Three story building, first floor to be licensed, 3 rooms, 1 entrance 2 exits (3200 sq ft); outdoor patio (1200 sq ft); Basement for storage (1200 sq ft). Total sq ft = 5600."

Three story building, first floor (corner unit Ma Ave and Lake Ave), to be licensed, 1 entrance w 2 exits, (1,255 sf); outdoor (Seasonal) patio, (400 sf); Basement for storage (350 sf). Total sf = 1,610.

Total Square Footage: 1,255 Number of Entrances: 1 Entrances Number of Exits: 2

Occupancy Number: 28 Seating Capacity: 19

✓ IMPORTANT ATTACHMENTS (2): The applicant must attach a floor plan with dimensions and square footage for each floor & room.

8. OCCUPANCY OF PREMISES:

By what right does the applicant have possession and/or legal occupancy of the premises?

Final Lease

IMPORTANT ATTACHMENTS (3): The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Other:

Landlord is a(n):

LLC

Other:

Name: Story Properties

Phone: 617-354-4466

Address: 220 Massachusetts Ave

City/Town: Arlington

State: MA

Zip: 02474

Initial Lease Term: Beginning Date 2/1/2016

Ending Date 1/31/2019

Renewal Term: 2/1/2019

Options/Extensions at: 9/1/2027 Years Each

Rent: \$55,200.00 Per Year

Rent: \$4,600.00 Per Month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?

Yes ☐ No ☒

If Yes, Landlord Entity must be listed in Question # 10 of this application.

If the principals of the applicant corporation or LLC have created a separate corporation or LLC to hold the real estate, the applicant must still provide a lease between the two entities.

The Applicant is a(n):

LLC

Other :

If the applicant is a Corporation or LLC, complete the following:

Date of Incorporation/Organization:

6/2010

State of Incorporation/Organization: Ma

Is the Corporation publicly traded? Yes ☐ No ☒**10. INTERESTS IN THIS LICENSE:**

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license.

IMPORTANT ATTACHMENTS (4):

A. All individuals or entities listed below are required to complete a Personal Information Form.

B. All shareholders, LLC members or other individuals with any ownership in this license must complete a CORI Release Form (unless they are a landlord entity)

Name	All Titles and Positions	Specific % Owned	Other Beneficial Interest
Anthony W. Allen	Managing Member	50%	
Michael P. Keon	Managing Member	50%	
Alex Budd	Manager	0%	

*If additional space is needed, please use last page.

11. EXISTING INTEREST IN OTHER LICENSES:

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☒ No ☐ If yes, list said interest below:

Name	License Type	Licensee Name & Address
Anthony W. Allen	§12 Restaurant	Mashed, LLC 289 Harvard St, Brookline, MA 02146
Michael P. Keon	§12 Restaurant	Mashed, LLC 289 Harvard St, Brookline, MA 02146
Anthony W. Allen	§12 Restaurant	Mashed, LLC 888 Commonwealth Ave, Boston, MA
Michael P. Keon	§12 Restaurant	Mashed, LLC 888 Commonwealth Ave, Boston, MA
	Please Select	
	Please Select	

*If additional space is needed, please use last page.

12. PREVIOUSLY HELD INTERESTS IN OTHER LICENSES:

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☐ If yes, list said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
Anthony W Allen	Anthony W. Allen 82 Washington St, Haverhill, MA	1997-2004	Not Renewed
Michael P. Keon	'KEONS 105' 105 WASHINGTON ST, HAVERHILL MA	1999 - 2005	Please Select TRANSFERRED
	(SOLD Business transferred license)		Please Select

13. DISCLOSURE OF LICENSE DISCIPLINARY ACTION:

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes ☒ No ☐ If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation
2/1998	All Alcohol	Serving After Hours. 1 Week Suspension, 'Stayed'

14. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR A (§15) PACKAGE STORE LICENSE ONLY :**A.) For Individual(s):**

1. Are you a U.S. Citizen? Yes ☐ No ☐
2. Are you a Massachusetts Residents? Yes ☐ No ☐

B.) For Corporation(s) and LLC(s) :

1. Are all Directors/LLC Managers U.S. Citizens? Yes ☐ No ☐
2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes ☐ No ☐
3. Is the License Manager a U.S. Citizen? Yes ☐ No ☐

C.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Individual(s), Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes ☐ No ☐

15. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR (§12) RESTAURANT, HOTEL, CLUB, GENERAL ON PREMISE, TAVERN, VETERANS CLUB LICENSE ONLY:**A.) For Individual(s):**

1. Are you a U.S. Citizen? Yes ☒ No ☐

B.) For Corporation(s) and LLC(s) :

1. Are a majority of Directors/LLC Managers **NOT** U.S. Citizen(s)? Yes ☐ No ☒
2. Is the License Manager or Principal Representative a U.S. Citizen? Yes ☒ No ☐

C.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Individual(s), Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes ☒ No ☐

16. COSTS ASSOCIATED WITH LICENSE TRANSACTION:

A. Purchase Price for Real Property:	-0-
B. Purchase Price for Business Assets:	-0-
C. Costs of Renovations/Construction:	\$30,000.00
D. Initial Start-Up Costs:	\$60,000.00
E. Purchase Price for Inventory:	-0-
F. Other: (Specify)	
G: TOTAL COST	\$90,000.00
H. TOTAL CASH	\$90,000.00
I. TOTAL AMOUNT FINANCED	-0-

IMPORTANT ATTACHMENTS (5): Any individual, LLC, corporate entity, etc. providing funds of \$50,000 or greater towards this transaction, must provide proof of the source of said funds. Proof may consist of three consecutive months of bank statements with a minimum balance of the amount described, a letter from your financial institution stating there are sufficient funds to cover the amount described, loan documentation, or other documentation.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

17. PROVIDE A DETAILED EXPLANATION OF THE FORM(S) AND SOURCE(S) OF FUNDING FOR THE COSTS IDENTIFIED ABOVE (INCLUDE LOANS, MORTGAGES, LINES OF CREDIT, NOTES, PERSONAL FUNDS, GIFTS):

Funding: We are funding this project ourselves.

WE ALSO HAVE FINANCING FROM OUR MERCHANT ACCT PROCESSOR, BATCHOUT.COM FOR \$150,000- (PAPERWORK ENCLOSED) THIS IS BACKUP FINANCING

*If additional space is needed, please use last page.

18. LIST EACH LENDER AND LOAN AMOUNT(S) FROM WHICH "TOTAL AMOUNT FINANCED" NOTED IN SUB-SECTIONS 16(I) WILL DERIVE:

Name	Dollar Amount	Type of Financing
BATCHOUT.COM	\$150,000.00	LOAN REPAYED THROUGH OUR CREDIT CARD PROCESSING CO. C 10/5/18

*If additional space is needed, please use last page.

B. Does any individual or entity listed in §17 or §18 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes ☐ No ☒

If yes, please describe:

--

19. PLEDGE: (i.e. COLLATERAL FOR A LOAN)

A.) Is the applicant seeking approval to pledge the license? ☐ Yes ☒ No

1. If yes, to whom:

2. Amount of Loan: 3. Interest Rate: 4. Length of Note:

5. Terms of Loan :

B.) If a corporation, is the applicant seeking approval to pledge any of the corporate stock? ☐ Yes ☒ No

1. If yes, to whom:

2. Number of Shares:

C.) Is the applicant pledging the inventory? ☐ Yes ☒ No

If yes, to whom:

IMPORTANT ATTACHMENTS (6): If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

20. CONSTRUCTION OF PREMISES:

Are the premises being remodeled, redecorated or constructed in any way? If YES, please provide a description of the work being performed on the premises: ☒ Yes ☐ No

Space was formally a pizza shop and requires little alteration:

- Patching 100 sf of Kitchen Floor.
- Adhering 400 sf of 'reclaimed wood' in restaurant space, and bathrooms.
- Building Bench Seating along one wall (18').
- Swapping countertops for Butcher Block
- Painting entire space.
- Refinishing the Floors.

21. ANTICIPATED OPENING DATE:

IF ALL OF THE INFORMATION AND
ATTACHMENTS ARE NOT COMPLETE
THE APPLICATION WILL BE
RETURNED



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee

MASHED, LLC

B. Business Name (dba)

OTTO

C. Address

202 MASSACHUSETTS AVE.

D. ABCC License Number
(If existing licensee)

E. City/Town

ARLINGTON

State

MA

Zip Code

02474

F. Phone Number of Premise

TBD

G. EIN of License

2. PERSONAL INFORMATION:

A. Individual Name

ANTHONY W. ALLEN

B. Home Phone Number

978 500 9993

C. Address

2 STANLEY AVE

D. City/Town

NEWBURYPORT

State

MA

Zip Code

01950

E. Social Security Number

F. Date of Birth

G. Place of Employment

MASHED, LLC & OSCAR PIZZA, LLC DBA OTTO

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime?

Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license (i.e. percentage ownership).

50% OWNER OF BOTH ENTITIES, MASHED, LLC & OSCAR PIZZA, LLC; DBA OTTO

*If additional space is needed, please use the last page

MASHED LLC IS OUR MA LLC
OSCAR PIZZA, LLC IS OUR MAINE LLC

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

Date

2.5.2016

Title

Managing Member

(If Corporation/LLC Representative)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee Mashed LLC B. Business Name (dba) OTTO
C. Address 202 Mass Ave D. ABCC License Number (If existing licensee)
E. City/Town Arlington State MA Zip Code 02474
F. Phone Number of Premise 617 499 3352 G. EIN of License [REDACTED]

2. PERSONAL INFORMATION:

A. Individual Name Alexander Bodd B. Home Phone Number 603 438 9875
C. Address 221 Salem St
D. City/Town Medford State MA Zip Code 02155
E. Social Security Number [REDACTED] F. Date of Birth [REDACTED]
G. Place of Employment Mashed LLC

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime?

Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license (i.e. percentage ownership).

N/A

*If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

[Signature]

Date

4/19/16

Title

Manager

(If Corporation/LLC Representative)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form,
and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee: Masud LLC Business Name (dba): OTTO
Address: 202 Mass Ave
City/Town: Arlington State: MA Zip Code:
ABCC License Number: Phone Number of Premise: 617 499 3352
(If existing licensee)

2. MANAGER INFORMATION:

A. Name: Alex Budd B. Cell Phone Number: 603-438-9875
C. List the number of hours per week you will spend on the licensed premises: 40-50

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes ☒ No ☐ B. Date of Naturalization: C. Court of Naturalization:
(Submit proof of citizenship and/or naturalization such as US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest
in a license to sell alcoholic beverages? Yes ☐ No ☒
If yes, please describe:
B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that
has been suspended, revoked or cancelled? Yes ☒ No ☒
If yes, please describe:
C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes ☒ No ☐
If yes, please describe: OTTO Pizza 888 Commonwealth Ave Brookline
D. List your employment for the past ten years (Dates, Position, Employer, Address and Telephone):
OTTO 10/11 - Present
Fresh City 10/08 - 10/11
Joe's NY Pizza Hampton NH 9/04 - 10/08

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature Date 4/19/16



Town of Arlington, Massachusetts

For Approval: Change of Manager-All Alcohol License

Summary:

Not Your Average Joe's, 645 Massachusetts Avenue
Bruno Ferreira, Manager

ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Ref_Mat_NYAJ_4.16.pdf	NYAJ's application

NOT YOUR AVERAGE JOE'S

RECEIVED
SELECTMEN'S OFFICE
ARLINGTON, MA 02476
2016 APR 14 AM 8:50

April 11, 2016

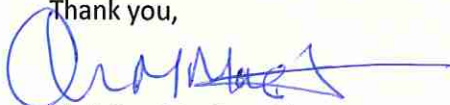
Board of Selectmen
Town of Arlington
730 Mass Avenue
Arlington, MA 02476

Re: Change of Manager

Dear MaryAnn,

Enclosed please find an application for the Change of Manager for Not Your Average Joe's from David Chambers to Bruno Ferreira. Please contact me with the date of the next available Selectmen's meeting for Bruno to attend.

Thank you,



Christine MacDonald
774.213.2949
cmacdonald@nyajoes.com

2 GRANITE AVE, SUITE 300
MILTON, MA 02186
T 774.213.2800 F 774.213.2899

WWW.NYAJ.COM



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form,
and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee:	Not Your Average Joe's Inc	Business Name (dba):	Not Your Average Joe's
Address:	645 Mass Avenue		
City/Town:	Arlington	State:	MA Zip Code: 02476
ABCC License Number: (If existing licensee)	003000025	Phone Number of Premise:	978.462.3808

2. MANAGER INFORMATION:

A. Name:	Bruno Ferreira	[REDACTED]
C. List the number of hours per week you will spend on the licensed premises:	50+	

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	B. Date of Naturalization:	[REDACTED]	Court of Naturalization:	IR6
(Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)					

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe: [REDACTED]	
B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe: [REDACTED]	
C. Have you ever been the Manager of Record of a license that was issued by this Commission?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe: [REDACTED]	
D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):	
Not Your Average Joe's July 2006 - Present - 2 Granite Avenue, Milton, MA 02186.	

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature:

[Signature]

Date:

02/01/2016



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee
B. Business Name (dba)
C. Address
D. ABCC License Number (If existing licensee)
E. City/Town State Zip Code
F. Phone Number of Premise G. EIN of License

2. PERSONAL INFORMATION:

A. Individual Name
B. Home Phone Number
C. Address
D. City/Town State Zip Code
E. Social Security Number F. Date of Birth
G. Place of Employment

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime? Yes ☐ No ☒
If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

NONE

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.
*If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature
Date
Title (If Corporation/LLC Representative)



Town of Arlington, Massachusetts

Request: One Space, On Street Overnight Parking @ 38 Lombard Terrace

Summary:

Michele and Pasquale DeTursi

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	38_Lombard_Terrace.pdf	Inspections Summary Report, Police memo, Fire memo, DeTursi Request, Meeting Notice

INSPECTIONS SUMMARY REPORT

Type of Request: One Space, On Street Overnight Parking Application

Name of Applicant: **Michele and Pasquale DeTursi**

Address: **38 Lombard Terrace**

The following Departments have **no objections** to the issuance of said permit:

- Police _____
- Fire _____

The following Departments have **objections** to the issuance of said permit:
(see attached)

- Police _____ X
- Fire _____ X

ARLINGTON POLICE DEPARTMENT

CHIEF OF POLICE
Frederick Ryan



Town of Arlington
MASSACHUSETTS 02474

POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900
Facsimile 781-316-3919

MEMORANDUM

TO: Marie Krepelka
Board Administrator

FROM: Lt. Paul Conroy
OIC / Traffic, Details and Licensing

DATE: April 20, 2016

RE: Request: One Space, On Street Overnight Parking @ 38 Lombard Terrace

A review was done of the petition by Mr. and Mrs. DeTursi seeking to have one overnight parking space exemption in front of 38 Lombard Terrace. Upon that review, **we do not support the issuance of such an exemption.**

The past practice is to only grant these exemptions under exigent circumstances or if the petitioner is physically unable to construct off-street parking on their property. Knowingly entering into a rental agreement with their tenant that creates an inconvenient parking condition for themselves in their shared driveway does not constitute such a circumstance.

It is suggested that the parties seek relief via other accommodations such as in one of the nearby town permitted lots.

Cc: Capt. Julie Flaherty
Support Services Commander

Dept. Chief John Kelly
Arlington Fire Department Operations

Adam Chapdelaine
Town Manager

"Proactive and Proud"

From: "John Kelly (Fire Dept)" <JKelly@town.arlington.ma.us>
To: "MaryAnn Sullivan" <MSullivan@town.arlington.ma.us>
Date: 04/05/2016 09:35 AM
Subject: Re: Inspection Request-Tryst 689 Mass. Ave (transfer of ownership)

MaryAnn

I also got parking requests for 6 Daniels and 38 Lombard Terr. I am against allowing overnight parking on Lombard Terr. due to how tight the street is already. They also have a driveway but it blocks the garage which was rented out to the tenant. It seems as though they need to work something out on that one.

The 6 Daniels St. one I have no opinion of and defer to Corey on that one.

Thanks

JK

Thank You

Deputy Chief John R Kelly
Arlington Fire Dept.
Operations Division
781-316-3803

March 22, 2016

From: Pasquale DeTursi 38 Lombard Terrace

To whom it may concern,

I would like to apply for an overnight parking permit for 38 Lombard Terrace. I have recently rented my apartment with a garage, hence my only option is to park on the street.

The driveway is available but due to the nature of tenant job I am not able to use it since I might interfere with him been able to park his car in the garage.

Thank you in advance,

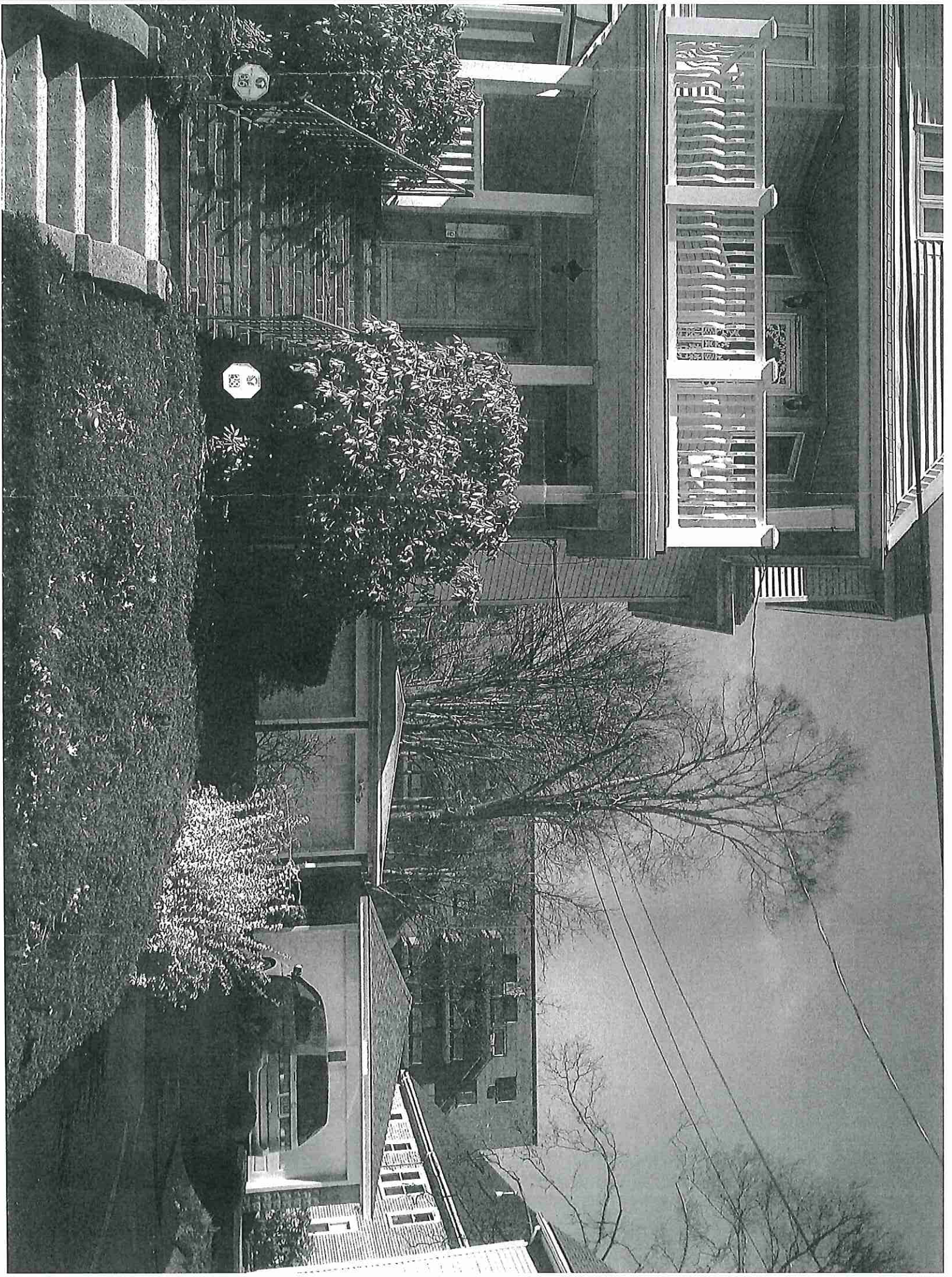
Pasquale DeTursi

And

Michele DeTursi



781-367-7771



OFFICE OF THE BOARD OF SELECTMEN

DIANE M. MAHON, CHAIR
DANIEL J. DUNN, VICE CHAIR
KEVIN F. GREELEY
STEVEN M. BYRNE
JOSEPH A. CURRO, JR.



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

April 15, 2016

Michele and Pasquale DeTursi
38 Lombard Terrace
Arlington, MA 02476

Dear Michele and Pasquale:

The Board of Selectmen will be discussing your request for on street overnight parking at their meeting on Monday, April 25th in the Selectmen's Chambers, Town Hall, 2nd Floor. **The meeting begins at 6:45 p.m.** You or your representative is invited to be in attendance at this meeting.

Kindly call the office of the Board of Selectmen to confirm the date and time with either Mary Ann or Fran.

Thank you.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script, reading "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington, Massachusetts

Request: One Space, On Street Overnight Parking @ 6 Daniels Street

Summary:

Kirby Rose Hunter

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	6_Daniels_St..pdf	Inspections Summary Report, Police memo, Fire memo, Hunter Request, Meeting Notice

INSPECTIONS SUMMARY REPORT

Type of Request: One Space, On Street Overnight Parking Application

Name of Applicant: Kirby Rose Hunter

Address: 6 Daniels Street

The following Departments have no objections to the issuance of said permit:

- Police _____
- Fire _____

The following Departments have objections to the issuance of said permit:
(see attached)

- Police _____ X
- Fire _____ X

ARLINGTON POLICE DEPARTMENT

CHIEF OF POLICE
Frederick Ryan



Town of Arlington
MASSACHUSETTS 02474

POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900
Facsimile 781-316-3919

MEMORANDUM

TO: Marie Krepelka
Board Administrator

FROM: Officer Corey P. Rateau
Traffic and Parking Unit

DATE: April 5, 2016

RE: One Space, On-Street Overnight Parking @ 6 Daniels Street

At your request, a review was done of the petition by Ms. Kirby Rose Hunter seeking to have one overnight parking space exemption in front of 6 Daniels Street. Upon that review, we do not support the issuance of such a waiver.

The longstanding past practice is to only grant these types of waivers to the overnight parking ban under exigent circumstances or if there is an inability to construct a driveway on the property. Knowingly renting an apartment without adequate parking accommodations does not rise to that level of exigency.

It is suggested that Ms. Hunter check with area businesses to see if there is any available off-street parking for rent or check the availability in the various town lots.

CPR

Cc: Fred Ryan, Police Chief
Capt. Julie Flaherty, Support Services Commander
Lt. Paul Conroy, OIC/Traffic, Details, and Licensing
Deputy Chief John Kelly, AFD Operations
Adam Chapdelaine, Town Manager

"Proactive and Proud"

From: "John Kelly (Fire Dept)" <JKelly@town.arlington.ma.us>
To: "MaryAnn Sullivan" <MSullivan@town.arlington.ma.us>
Date: 04/05/2016 09:35 AM
Subject: Re: Inspection Request-Tryst 689 Mass. Ave (transfer of ownership)

MaryAnn

I also got parking requests for 6 Daniels and 38 Lombard Terr. I am against allowing overnight parking on Lombard Terr. due to how tight the street is already. They also have a driveway but it blocks the garage which was rented out to the tenant. It seems as though they need to work something out on that one.

The 6 Daniels St. one I have no opinion of and defer to Corey on that one.

Thanks

JK

Thank You

Deputy Chief John R Kelly
Arlington Fire Dept.
Operations Division
781-316-3803

From: Kirby Rose Hunter <kirbcakes@gmail.com>
To: mkrepelka@town.arlington.ma.us
Date: 03/28/2016 04:38 PM
Subject: Application for overnight parking waiver

Hello Marie,

Thank you for taking the time to speak with me today. As discussed, I would like to apply for an overnight parking waiver as advertised on the city's website. The apartment that my boyfriend, James Collins, and I are moving into is located at 6 Daniels Street, and does not have sufficient space for our car. The house holds 3 units, we would be renting the top floor, and only has a two car garage with a narrow driveway, incapable of holding another vehicle or being extended for space.

We would be open to parking on Daniels St., Mass Ave or any surrounding street in order to accommodate the city's requirements and still be able to purchase the waiver. We are also able to pay any additional fee that may incur, on top of the advertised price, in order to allow for such an arrangement.

I thank you in advance for your consideration and appreciate any and all advice in order to find a space, so that we can move into this lovely apartment and live in the great town of Arlington.

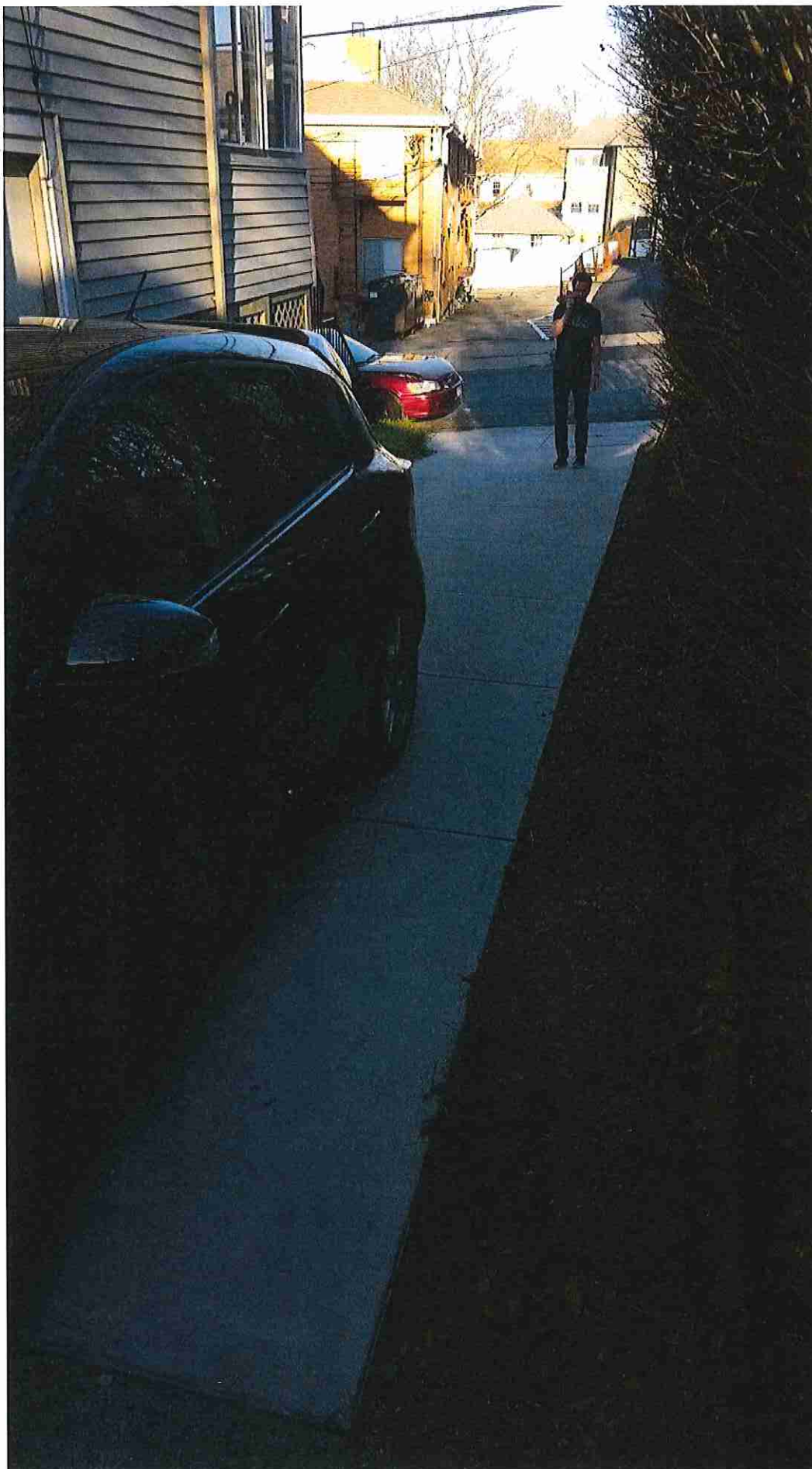
All the best,
Kirby Rose Hunter
[617-470-1823](tel:617-470-1823)

File: [DSC00043.jpg](#)

Size: 1387k Content Type: image/jpeg

File: [DSC00044.jpg](#)

Size: 1560k Content Type: image/jpeg



OFFICE OF THE BOARD OF SELECTMEN

DIANE M. MAHON, CHAIR
DANIEL J. DUNN, VICE CHAIR
KEVIN F. GREELEY
STEVEN M. BYRNE
JOSEPH A. CURRO, JR.



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

April 15, 2016

Kirby Rose Hunter
6 Daniels Street
Arlington, MA 02476

Dear Ms. Hunter:

The Board of Selectmen will be discussing your request for on street overnight parking at their meeting on Monday, April 25th in the Selectmen's Chambers, Town Hall, 2nd Floor. **The meeting begins at 6:45 p.m.** You or your representative is invited to be in attendance at this meeting.

Kindly call the office of the Board of Selectmen to confirm the date and time with either Mary Ann or Fran.

Thank you.

Very truly yours,
BOARD OF SELECTMEN

Marie A. Krepelka

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington, Massachusetts

Update: Minuteman Building Project

Summary:

Daniel J. Dunn, Vice Chair

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	MinutemanArlingtonBuild_(1).docx	Reference

Arlington's Decision On the Minuteman Build Proposal

Outcome 1: Participate in the Building

1. Good outcome: Revenue and cost projections are relatively on point.
2. Great outcome: Other towns join the district
3. Bad outcome: School enrollment withers, or state undermines the out-of-district revenue stream, and costs increase

Outcome 2: Stop the Building

- A. Cheap renovation: It turns out to be possible to do a much smaller project without state money. This is a good outcome.
- B. Expensive renovation: Minuteman's estimates are right, and it costs a lot to do the renovation. This is a bad outcome - just as costly as the rebuild, but with a lesser educational experience.
- C. Dissolve district and sell assets, make new district?
 - a. Build voc into new Arlington and Belmont high schools?
 - b. Create Arlington/Watertown/Belmont/Lexington district?
 - c. Join SOLVE collaborative? Create our own collaborative?
- D. Find pot of state gold?
- E. Withdraw from district. Common wisdom is that DESE wouldn't let us leave the district, in which case we end up in A, B, or C. But if DESE did let Arlington leave the district, then we'd have to figure out where to place 115-175 high school students.

Why I Support the Building

In short, I support the building because I think that it has the **best and most likely outcome**. I think that the fears about the district's failure are overly conservative. Furthermore, I think that the no-building outcomes are likely to be bad ones. **I don't see a no-building outcome that I find both good and likely.**

I do understand that the building has financial risks for Arlington, and I respect the arguments against the building. This is a question where reasonable people can disagree. We can't see the future any better than the founders of Minuteman did almost 45 years ago could. We must gather the facts that we can, make our best estimates, and vote our consciences.

Enrollment Argument

- Enrollments at Minuteman are on the order of 700 students. The proposed school has a target of 628. The school can afford to lose some students, and must lose some students.
- I believe that a new building will increase its attractiveness and there will be an increase of in-district students. I don't believe Minuteman's projections, but it stands to reason that the effect will be non-zero and positive.
- The 9th grade exploratory year affects many out-of-district towns, but not all of them. Watertown, for instance, and does not have 5 programs, and their freshman are still eligible to attend Minuteman.
- Cost per student, capital v. non capital

The Alternatives

Outcomes A and B

Allan Reedy's analysis of the Minuteman renovation estimates suggests that there isn't a "cheap" renovation available. The actual cost is not clear.

The building is projected to cost \$145m, with state assistance on the order of 3x%. That leaves about \$100m that the district has to come up with. The plan is to pay for some of that with out-of-district capital assessments, and the rest from member towns. The non-state assisted renovation project is not eligible for out-of-district assistance. If the renovation costs \$80m, how much money did we save? And what did we get for our money?

Outcome C

There is no obvious path here. The remaining 10 towns are here because they want it to work, one way or another. There will be resistance to breaking it up and starting over. It's not clear how a process like this would be lead. It's not clear how to get to an outcome with a healthy-sized vocational school with a variety of educational programs.

Outcome D

There is no indication, after years of lobbying, that this has any chance of happening.

This document is a work in progress, and I'm updating it periodically.

Dan Dunn

Last updated: 4/19/16



Town of Arlington, Massachusetts

Vote: Authorize Special Election and Debt Exclusion Question to Exclude Debt Related to Thompson Elementary Expansion, Arlington High School Renovation/Rebuild Feasibility Study, Middle School Expansion, and the Minuteman School Building Project

Summary:

Adam W. Chapdelaine, Town Manager

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Memo_to_BOS_re_Special_Elections__Debt_Exclusions__and_Overrides_-_PDF_(00018128xA050C)_(1).pdf	Town Counsel Memorandum to Board



**Town of Arlington
Legal Department**

Douglas W. Heim
Town Counsel

50 Pleasant Street
Arlington, MA 02476
Phone: 781.316.3150
Fax: 781.316.3159
E-mail: dheim@town.arlington.ma.us
Website: www.arlingtonma.gov

To: Board of Selectmen

From: Douglas Heim, Town Counsel

Date: April 21, 2016

Re: Legal Requirements for Special Election Override & Debt Exclusion Ballot Questions

I write to provide the Board an overview of the legal requirements for Proposition 2 ½ Override (G.L. c. 59 §21C) and Debt Exclusion (G.L. c. 44 §7) ballot questions.

Authority & Timing

As the Board will recall, the Selectmen possess the exclusive authority to place both override and debt exclusions questions before voters. In either instance the Board must approve the exact language of any questions to appear on a ballot. If the Board wishes for its ballot questions to be voted upon outside the timeline of the annual Town Election or the biennial State Election,¹ it must also vote to call a special election on a specified date and provide written notice to the Town Clerk thirty-five (35) days in advance of such date. G.L. c. 54 §42C

¹ The Town may submit up to three (3) questions on the biennial state ballot rather than call a special election, but such ballot questions must be submitted to the Secretary State by the first Wednesday in August preceding the election, in this case, August 3, 2016. G.L. c. 59, § 21C(i).

Quantum of Votes

A vote to place an override question on the ballot requires a simple majority of the Board.

c. 59, § 21C(g). A vote to place a debt exclusion question on the ballot requires a 2/3rd vote of the Board. G.L. c. 59 § 21C (i½), (j) and (k).

Form of Votes

A. Override Votes

For a general override question, a specific form of the question is required by c. 59 §21C(g), with modest discretion for stating the purpose of the additional assessment. The vote must read as follows:

“Shall the Town of Arlington be allowed to assess an additional \$_____ in real estate and personal property taxes for the purposes of [state the purpose(s) for which the monies from this assessment will be used] for the fiscal year beginning July 1, 2017?

YES ____ NO ____”

Examples of generally stated allowable purposes include:

- Funding the Town's operating budget.
- Funding operating expenses and capital expenditures.
- Providing for the general administrative cost of operating the schools, police department, fire department and other town departments.
- Funding the operating budget of the Public Schools and the Municipal Government.
- Defraying school operating expenses.
- Funding the Town's Regional School District assessment.

B. Debt Exclusion Votes

As debt exclusion questions are by design, oriented towards funding a specific capital project or projects, the form of the question must adequately describe the projects to be funded by the question. For example, in 1998 and 2000 the Board authorized debt exclusion questions to cover multiple school projects, which read as follows:

“Shall the Town of Arlington be allowed to exempt from the provisions of Proposition Two and one-half, so called, the amounts required to pay for the bond or bonds issued in order to finance projects by the issuance of such bonds or notes to construct or add to, remodel,

reconstruct and originally equip the Bishop, Brackett and Hardy elementary schools and for the cost of architectural services for plans and specifications for the Dallin, Pierce, Stratton and Thompson Elementary Schools?

YES ____ NO ____"

“Shall the Town of Arlington be allowed to exempt from the provisions of Proposition two and one-half, so called, the amounts required to pay for the bond or bonds issued in order to finance projects by the issuance of such bonds or notes to construct or add to, remodel, reconstruct and originally equip the Dallin, Pierce, Stratton and Thompson elementary schools?

YES ____ NO ____"

The Board will note that the amount of borrowing is not required for debt exclusion votes. It also bears highlighting that the vote authorizes the Town to engage in borrowing exempt from the levy limit, but does not require such borrowing if capital projects plans are amended or cancelled.



Town of Arlington, Massachusetts

Town Manager's Evaluation

Summary:

Kevin F. Greeley, Selectman

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	TM_Evaluation_2016_(1).pdf	Memorandum from Director of Human Resources



TOWN OF ARLINGTON HUMAN RESOURCES DEPARTMENT

730 MASSACHUSETTS AVENUE, ARLINGTON, MA 02476
PHONE (781) 316-3120 FAX: (781) 316-3129

CARYN COVE MALLOY
DIRECTOR OF HUMAN RESOURCES

Memorandum

To: Selectman Kevin F. Greeley
From: Director of Human Resources Caryn Malloy
Re: Town Manager Adam Chapdelaine Performance Review
Date: April 20, 2016

Pursuant to the evaluation forms completed by each member of the Board of Selectmen I am providing you with the consensus document for your consideration.

1. Personal Characteristics – Average Score 4.88

Among the components of this category are to display honest and ethical behavior and to deal effectively with unforeseen issues and problems. Board members described Adam as exhibiting conduct “the rest of the Town does well to follow”. Board members echo comments made in previous years that Adam’s demeanor contributes largely to his success in his role as Town Manager. An experienced Board member described Adam as setting the standard for the conduct of a Town Manager. Adam received praise for his leadership in crafting a budget responsive to the needs of the School Department with “great sensitivity to enrollment growth and programmatic demands, while maintaining a fiscally responsible budget.”

2. Professionalism – Average Score 4.71

Members of the Board are appreciative of Adam’s commitment to continually educate himself and his staff in an effort to provide transparency in the delivery of local services. Adam continues to serve on the Board of Directors for the Massachusetts Municipal Association and is known among his peers to be among the most capable and skilled Town Managers in the Commonwealth.

3. Public Relations/Communication – Average Score 4.95

Again this year Board members described this area as among Adam’s strongest. Members expressed that Adam goes “above and beyond” to be visible and available to the citizenry. Efforts to improve the Town’s contact with citizens through social media and email was described as having evolved into a “well-oiled machine”. However, Board members consistently expressed concern that Adam be better supported in his community outreach efforts,

by sharing a commitment to attend various events with Board members, existing staff and also with the anticipated appointment of an Assistant Town Manager in the summer of 2016.

4. Board Support/Relations – Average Score 4.8

Board members expressed that they feel confident of Adam's judgement in terms of keeping them well informed. Board members also expressed a gratitude for Adam's counsel on matters of substance. One member stressed the importance of the Board having early warning when there is a potential for an issue to be contentious and difficult to resolve. Another member requested tighter coordination from reporting town staff when submitting agenda materials to the Board's administrative staff.

5. Community Leadership – Average Score 4.85

Members of the Board indicate that they think the manager is truly exceptional in this area and are grateful that Adam is so visible and approachable. One member indicated how well Adam works with the various state agencies while engaging elected officials at the right times. Another member indicated a desire to see the Town's legislative delegation further engaged in partnering with the community on various large scale projects.

6. Organizational Leadership/Personnel Management – Average Score 4.57

Board members gave the Town Manager high marks for making quality hires in the past year, and the members consistently expressed a desire that the staff under Adam have more work delegated to them in order to better support him. Adam has shown a talent for grooming managers and taking appropriate measures to retain quality managers. Members expressed that they would like to see a continued improvement in labor relations, particularly with AFSCME Local 680. Additionally one member asked that there be more frequent labor relations updates and the dialogue be most often tied to the salary and comprehensive salary survey.

7. Financial Management – Average Score 4.94

Adam was described as having managed conflicting (budgetary) expectations with great skill and thoughtful compromise. Arlington's finances are recognized by the Board to be extremely challenging but the Board thinks Adam exceptionally skilled in this area. Adam was described as having productive and effective relationships with the Finance and Capital Planning Committees. Additionally, Adam was recognized by a Board member for exhibiting leadership on the Long Range Planning Committee meetings encouraging "financial and political leaders to hone assumptions around the Town's financial plan". Despite not having a Deputy Town Manager in place the budget was still done on time and done well.

8. Planning and Organization – Average Score 4.87

Adam was acknowledged for bringing in the annual goal-setting process for both himself and the Board. Board members also acknowledged his leadership on the Long Range Planning Committee and also on the School enrollment growth issues.

Overall the Board was pleased with the Manager's efforts to prepare them for Town Meeting. There were some challenges with contentious discussion leading up to Town Meeting but members were pleased with the progress made since that time. One member also expressed they did not necessarily think it is the Town Manager's job to prepare the Board for Town Meeting.

9. Overall – Average Score 5.00



Town of Arlington, Massachusetts

Next Scheduled Meeting of BoS May 16, 2016

Summary:

During Town Meeting which commences April 25, 2016 the Board of Selectmen will be in session from 8:00 p.m. until 11:00 p.m.